

# Essential Childbirth Care Course (ECBC)

## Module 1. Introduction

### **FACILITATOR'S GUIDE**



**World Health  
Organization**



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Essential Childbirth Care Course (ECBC). Module 1: introduction. Facilitator's guide

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# Foreword

The Essential Childbirth Care Course of the World Health Organization (WHO) Interprofessional Midwifery Education Toolkit represents a transformation in midwifery education. The course was developed by WHO in partnership with midwives and other stakeholders around the world. This course is designed to place the latest knowledge directly in the hands of those who provide care.

This continuing professional development course is designed for midwives and other professional members of teams providing care to women and newborns. The methodology is interactive and crafted to make learning fun, blending in-person teaching and individual online learning. Although aimed at experienced practitioners, activities can also be integrated into pre-service education as appropriate.

The evidence shows that more than 50 outcomes for women and their newborns are improved through midwifery care. Midwifery education is important not only for supporting high-quality, respectful care, but it also contributes to the transformation and expansion of the health workforce. By empowering a predominantly female profession with knowledge, skills and the capacity for leadership, it supports inclusive economic growth.

WHO is proud to offer this course at a time when midwives are rightfully demanding better education so as to be empowered to take leadership; to know that their skills are valued by medical doctors, nurses and other professionals; and to provide better care for women and their newborns.

I hope that all midwives, nurses, doctors, educators and others at the forefront of providing sexual, reproductive, maternal, adolescent and newborn care and services can benefit from this course. Most of all, we hope that women, newborns and their families can be provided with high-quality, safe and respectful care so that the birth of a baby can be the exciting and memorable moment it should be for women, and the best start possible for a new generation.



**Dr Tedros Adhanom Ghebreyesus**  
Director-General, World Health Organization

# Acknowledgements

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# Acronyms and abbreviations

AMR	antimicrobial resistance
CDC	Centers for Disease Control and Prevention (United States of America)
ECBC	Essential Childbirth Care Course
ENCC	Essential Newborn Care Course
IPC	infection prevention and control
PCPNC	pregnancy, childbirth, postpartum and newborn care
POCQI	point-of-care quality improvement
QMNC	quality maternal and newborn care
QoC	quality of care
RMC	respectful maternity care
UHC	universal health coverage
WASH	water, sanitation and hygiene
WHO	World Health Organization



# Introduction

Welcome to the Facilitator's guide for the Essential Childbirth Care Course (ECBC).

## Why the ECBC is needed

The ECBC responds to a global gap in up-to-date, evidence-informed continuing professional development midwifery education materials. Over the course of five days, the ECBC content is delivered via a teaching and learning methodology that is transformative, innovative, interactive and empowering for both facilitators and learners. The ECBC is a blended course, combining online learning with in-person skills development in a safe and supportive environment conducive to learning. The ECBC embeds the philosophy of midwifery through an approach that gives focus to compassionate, respectful care.

All the materials in the course are derived from WHO guidance and tools, including the *WHO labour care guide* and the WHO framework for the quality of maternal and newborn health care. The ECBC has a strong emphasis on quality of care (QoC) throughout its five modules, since high-quality care not only improves women's experience of care but also saves the lives of women and their newborns. This enables a humanized approach to midwifery education and care for healthy women and their newborns. By putting WHO recommendations in the hands of midwifery care providers, the ECBC provides the knowledge and skills needed to prevent unnecessary intervention in childbirth and reduce over-medicalization, prevent complications and make appropriate, respectful referrals where needed. The ECBC therefore contributes to increasing access to universal health coverage (UHC).

Additional learning resources are provided for each session so that facilitators and learners can expand their knowledge and teaching skills beyond the ECBC. Throughout the course, links are provided to appropriate WHO courses, including for emergency obstetric and newborn care.

## The ECBC target audience

The ECBC Facilitator's guide was developed for facilitators to support the continuing professional development and clinical leadership of interprofessional teams providing quality midwifery care to women, newborns and their families during labour, childbirth and the immediate postnatal care period. The facilitator is an experienced midwifery educator. Some facilitators will be based in academic institutions and may not have had recent clinical or mentoring experience. For this reason, the role of the facilitator is to facilitate adult learners, some of whom may bring more clinical experience to the ECBC than a facilitator has. It is important that the facilitators and adult learners are seen as trusted equals, all of whom are learning together in a safe and supportive environment.

## Goals, objectives and competencies

The goal of this guide is to support facilitators to enable learners to implement WHO recommendations and tools for evidence-based midwifery care for women and their newborns during labour, childbirth and the immediate postnatal period.

Each of the five modules has defined learning outcomes, and each activity within the modules has a specific learning objective.

The learning outcomes are based on quality standards articulated in the WHO standards for improving quality of maternal and newborn care in health facilities and address both the provision of care and the woman’s experience of care.

## The teaching and learning activities

The ECBC teaching and learning activities represent a dynamic transition from traditional didactic teaching to one in which:

- the experiences of all adult learners are valued
- the topics demand critical thinking and decision-making
- the application of point-of-care quality improvement is central.













Table 1 provides a summary of the teaching and learning activities encompassed by the ECBC. Icons are used to identify various activities throughout the Facilitator’s guide (see Explanation of icons used in this guide, page 4).

**Table 1. The ECBC teaching and learning activities**

Course element	Rationale or description
<b>Pre-course and post-course individual knowledge assessments for facilitators and learners</b>	All facilitators and learners are encouraged to take the individual assessments before and after the course for the following reasons: <ul style="list-style-type: none"> <li>• to develop an initial understanding of both facilitator and learner knowledge of the technical content and the latest WHO recommendations;</li> <li>• to help facilitators identify learners’ strengths and areas for improvement, which will help ensure appropriate emphasis is given to learners in sessions where knowledge and skills need strengthening; and</li> <li>• where appropriate, to support health facility mentors to prioritize areas of focus for continuing professional development programmes.</li> </ul>
<b>Pre-course online resources and activities</b>	All facilitators and learners are encouraged to review the pre-course online resources and complete the pre-course online activities before they facilitate or participate in the ECBC. This is to ensure that facilitators and learners are familiar with the content and feel confident with the teaching and learning activities.
<b>Presentation slide decks</b>	Each module has an accompanying slide deck.

Course element	Rationale or description
<b>Module 1: Introduction</b>	<p>This module introduces the ECBC content and active teaching and learning methods. Rationale and instructions are provided for various activities including teamwork, treasure hunt, role play and video analysis.</p> <p>Activities integrate WHO evidence relating to QoC, infection prevention and control (IPC), continuity of care and respectful maternity care. Scenarios are provided in which learners get to know three women, their companions of choice and their newborns:</p> <ul style="list-style-type: none"> <li>• Susan, her companion of choice Elizabeth and newborn Sophia</li> <li>• Fatima, her companion of choice Atif and newborn Jamal</li> <li>• Meena, her companion of choice Priya and newborn Aarush.</li> </ul> <p>Each learner starts a point of care quality improvement (POCQI) plan.</p>
<b>Module 2: First stage of labour</b>	<p>Facilitators support learners to find and apply WHO recommendations for healthy women and newborns in the first stage of labour. The midwifery continuity of care model is demonstrated through scenarios and activities. The labour care guide and Action Plans are applied to the scenarios given for Susan, Fatima and Meena. Each learner continues their POCQI plan. Simulated practice and role play are used to build confidence, reinforce skills and emphasize respectful care. Mentored clinical practice for women during the first stage of labour is introduced.</p>
<b>Module 3: Second stage of labour</b>	<p>Facilitators support learners to find and apply WHO recommendations for healthy women and newborns in the second stage of labour. The labour care guide is completed for each woman. The midwifery continuity of care model progresses and the individual POCQI plan is expanded. Role play gives emphasis to dignity, respect and emotional support during the second stage, and opportunities are provided for mentored clinical practice with women in labour.</p>
<b>Module 4: Third stage of labour and immediate newborn care</b>	<p>Facilitators support learners to find and apply WHO recommendations for healthy women and newborns in the third stage of labour as well as immediate newborn care. The midwifery continuity of care model progresses and the individual POCQI plan is expanded to include the newborn. Simulated practice and role play bring together respectful care for the mother and her newborn. Opportunities are provided for mentored clinical practice for immediate newborn care and immediate postnatal care of the mother.</p>
<b>Module 5: Appropriate and respectful referral</b>	<p>Facilitators support learners to analyse labour care guides which, having been rewritten, indicate that Susan, Fatima and Meena and their babies may be experiencing early signs of complications. Learners find and apply WHO standards for appropriate and respectful referral.</p>

# Explanation of icons used in this guide

Icon	Explanation
	Estimated time for session or activity
	Share information
	Group activity
	Teamwork
	Applying the WHO framework for the quality of maternal and newborn health care
	Treasure hunt
	Video analysis
	POCQI
	Role play
	Simulated clinical practice
	Mentored clinical practice
	Prepare for next day

# Making arrangements for the course

## Where to hold the course

The ECBC uses a blended learning approach, combining both online and face-to-face teaching and learning activities.

## Online activities

Pre-course and other online activities can be completed by individuals at any time or as a group connected at the same prearranged time. Most online content can be downloaded and viewed offline on a device when internet access is not available. It is also possible, for example, to watch and analyse a video in the workplace (assuming there are no women or newborns needing care).

## Face-to-face teaching and learning environment

In-person skill development activities require being in a teaching and learning environment for at least three out of the five days of the course. This should be a safe and supportive learning environment that is conducive to building trust amongst the team and which enables critical thinking and challenges to existing practice. This can be a classroom and skills laboratory, for example, ideally within a facility or established training institute.

## Sites for mentored clinical practice

The facilitators will be responsible for setting up the sites for mentored clinical practice in collaboration with the facility and/or clinical skill training manager. At all times, facilitators and learners will need to be sensitive to the needs of the woman, her birth companion and her newborn and to respect their privacy and dignity.

## Selecting learners

Selection of learners will be at the discretion of the government, the training institute or the facility. All learners should be qualified midwives or other professionals such as nurses or doctors providing elements of midwifery care. Opportunities to involve facility managers and other team members in the teamwork and POCQI activities should be taken where possible.

## Feedback and certificates

At the end of this module there are two resources:

- a learner feedback form to gain information from the learners which can be used for course improvement; and
- a template certificate which may be used after each module or at the end of all ECBC modules to provide evidence of ongoing continuing professional development.

# Facilitator's schedule and preparation activities

## Preparations for the day

- Prepare to share the full page WHO resources and ECBC videos and slides.
  - Materials needed: Laptop, slide projector, speaker or other audio-visual equipment, internet connection.
- Prepare to take notes that are visible for the whole group.
  - Materials needed: Flipchart or whiteboard and marking pens.
- Review the learners' completed pre-course materials.
- Prepare the printed resources, templates, handouts and feedback forms for learners.

## Session 1: Welcome

🕒 45 minutes

	Title	Minutes	Activities	Preparations	Page
1.1	Welcome	45	Share: Welcome to ECBC Module 1: Introduction	Be familiar with the location of restrooms and catering facilities as well as times for breaks and lunch	15
			Group activity: Getting to know each other	Review session and room setup for introduction activity	15
1.2	Developing a group agreement		Group activity: Effective collaboration and time management Create group agreement Introduce parking lot	Flipchart and marking pens	16
1.3	Orientation to the ECBC and Module 1: Introduction		Share: Goals of Interprofessional Midwifery Toolkit and ECBC Share: Module overview and learning outcomes	Review pre-course assessments, and from the results, create an anonymized summary of learners' strengths and areas which may require more attention during the course Display summary on flipchart	17



	Title	Minutes	Activities	Preparations	Page
1.4	Key ECBC resources		Share: WHO evidence informing the ECBC	Review session and slides	19
			Share: Resource: Labour care guide	Display full page labour care guide and Action Plan posters	
			Share: Action Plans		
			Share: Close session 1	Flipchart and marking pens	25
			Review parking lot		
<b>Sub-total session 1</b>		<b>45 min</b>			

## Session 2: Teaching and learning activities

🕒 4 hours and 40 minutes

	Title	Minutes	Activities	Preparations	Page
2.1	ECBC teaching and learning methodologies	5	Share: Active teaching and learning methodologies	Review session and slide	29
2.2	Teamwork: Meena arrives in labour	20	Facilitate teamwork activity: Meena arrives in labour	Review activity instructions and room setup for teamwork Flipchart, marking pens, personal labels to identify team roles of different learners	31
2.3	Applying the WHO framework for the quality of maternal and newborn health care: Susan arrives in labour	30	Group activity: Acknowledge learners' knowledge and experience	Review activity instructions	35
			Share: How WHO defines QoC	Review session and slide	36
			Share: Applying the WHO framework for the quality of maternal and newborn health care	Review session and slide	37
			Share: QoC Standard 1	Review activity instructions and room setup for small group work Print four copies of the discussion questions or refer learners to the Learner's guide, section 2.3	38
			Applying the WHO framework for the quality of maternal and newborn health care: Scenario: Susan and QoC Standard 1	Review session and slides	38
<b>Break</b>		<b>15</b>			

	Title	Minutes	Activities	Preparations	Page
<b>2.4</b>	Treasure hunt: Companion of choice at birth	15	Treasure hunt: Companion of choice at birth	Review activity instructions, session and slides	40
			Share: Prepare learners to hunt for the treasure and answer the guiding question	Review session and slides Prepare hard copy documents for learners if internet access is not available	41
			Group activity: Facilitate critical thinking: Your experience with companion of choice at birth	Print four copies of the guiding questions or refer learners to the Learner's guide, section 2.4	42
			Share: Resources for further learning on companion of choice	Refer to slide and the Learner's guide, section 2.4	43
<b>2.5</b>	Video analysis: IPC	20	Video analysis: "Preventing infection at birth" (7:08)	Download the video to device prior to session (do not rely on stable internet connection for video streaming) Review session and slide	44
			Group activity: Respond to discussion questions	Review session and slides Show discussion questions on the slide again after the video	45
<b>2.6</b>	POCQI	30	Share: Rationale for using POCQI as an ECBC teaching and learning tool	Review session and slides Download "Introduction to POCQI" video prior to session (do not rely on stable internet connection for video streaming)	46
			Share: POCQI	Review session and slide	46
			POCQI: Facilitate a POCQI for QoC Standard 6, statements 6.1 and 6.2	Review session and slide Print four blank POCQI templates and four copies of WHO evidence-to-action brief on companion of choice during labour and childbirth for small group work	49
			Share: Group representatives share their POCQI template	Flipchart to write the summary of key points	50

	Title	Minutes	Activities	Preparations	Page
2.7	Role play: Informed consent for vaginal examination	30	Share: Role play as an ECBC teaching and learning tool	Review session and slides Refer to "Create and facilitate a role play" in <i>Effective teaching: a guide for educating healthcare providers</i> (full reference in sub-session 2.7)	53
			Role play: Informed consent for vaginal examination	Prepare materials and resources for role play: pregnancy simulator (wearable model or local materials) Personal label to identify roles of different learners: Meena, Priya and midwifery care provider Create a simulated clinical environment	54
<b>Lunch break</b>		<b>60</b>			
2.8	Simulated practice: Immediate care of Aarush, a healthy newborn	35	Share: Simulating immediate newborn care of Aarush	Check the resource list of materials and equipment at the end of sub-session 2.8 which are needed to prepare a simulated environment	58
			Share: Simulating continuity of care	Review session and slide	59
			Simulated practice: Immediate care of Meena's healthy newborn, Aarush	Prepare a simulation environment Refer to sub-session 2.8 and print one peer-to-peer feedback template for each learner or refer learners to the Learner's guide, section 2.8 Flipchart and marking pens for parking lot	61
2.9	Mentored clinical practice	10	Share: Mentored clinical practice	Review session and slide	66
			Group activity: Invite learners to share experience	Be prepared to create a safe environment to encourage sharing; refer back to the group agreement if necessary	67
			Share: Mentorship vs supportive supervision	Review session and slide	67
2.10	Reflection on practice	10	Share: Facilitating reflective midwifery practice	Review session and slide	69
			Group activity: Practice individual reflection	Paper or notebook and writing utensils for learners to practice individual reflection	70
			Share: Close session 2 Review parking lot	Flipchart and marking pens	70
<b>Sub-total session 2 (including breaks)</b>		<b>4 hrs 40 min</b>			

## Session 3: Getting the foundations right

🕒 1 hour and 40 minutes

	Title	Minutes	Activities	Preparations	Page
3.1	Respectful maternal and newborn care	40	Share: The right to dignified, respectful care	Review session and slides Create two flipcharts with blank tables for (1) mistreatment of women and (2) mistreatment of newborns Review QoC Standards 4, 5 and 6	73
			Group activity: Mistreatment of women and newborns during childbirth	Time keeping device Prepare the room for the 2-4-8-All activity Review the completed example tables for mistreatment of women Review the completed example tables for mistreatment of newborns	74
			Share: WHO recommendation on respectful maternity care	Review session and slide	78
			Share: QoC Standards 4, 5 and 6 for a positive experience of care	Review session and slide	78
			Applying the WHO framework for the quality of maternal and newborn health care QoC standards for Susan	Review activity instructions	79
			Share: The Respectful Maternity Care Charter	Review session and slide	81
			<b>Break</b>		<b>15</b>
3.2	WASH, IPC and AMR	30	Share: Explain the global relevance of WASH, IPC and prevention of AMR to maternal and newborn health	Review session and slides Prepare slide or handout describing local, national or regional WASH, IPC and AMR statistics	83
			Share: Key WASH, IPC and AMR practices	Review session and slide	84
			Share: Your five moments for hand hygiene	Review session and slide	85

	Title	Minutes	Activities	Preparations	Page
			Share: Standard precautions and cleanliness	Review session and slide	88
			Share: WHO WASH FIT Package	Review session and slide	89
			Share: Five primary WASH domains	Review session and slide	90
			Share: High-quality WASH, IPC and AMR	Review session and slide	91
			POCQI: Facilitate a POCQI for WASH, IPC and prevention of AMR in health facilities	Prepare room for small group work Print four blank POCQI templates	91
			Share: Learners share their completed POCQI templates	Flipchart and marking pens to write a summary of each group's feedback Review session	92
<b>3.3</b>	Evidence-based midwifery care	15	Group activity: What does evidence-based health care mean to you?	Display guiding questions on slide	96
			Share: Evidence-based health care	Review session and slides	97
			Group activity: Susan arrives at the facility in labour	Prepare room for small group work	97
			Share: WHO recommendation on midwife-led continuity of care models	Review session and slides	98
			Share: Midwife-led continuity of care improves outcomes	Print the continuity of care infographic for each table Review session to highlight additional learning resources	98
			Share: Close session 3 Review parking lot	Flipchart and marking pens	99
<b>Sub-total session 3 (including breaks)</b>		<b>1 hr 40 min</b>			

## Session 4: What do we mean by midwifery?

🕒 40 minutes

	Title	Minutes	Activities	Preparations	Page
4.1	Understanding the elements of midwifery care	30	Group activity: What does midwifery care mean to you?	Review session and slide Review Quality of Maternal and Newborn Care (QMNC) framework	103
			Share: Describe the elements of midwifery care	Review session and slide	103
			Share: Who provides midwifery care?	Review session and slide	104
			Group activity: QMNC framework	Review activity instructions Create flipchart or whiteboard with blank framework for learners to complete	105
			Share: QMNC framework	Review slide of completed framework	109
4.2	Close module	10	Share: Review the parking lot and invite final reflections  Ask learners to complete feedback form	Flipchart and marking pens  Print or provide digital version of learner feedback form for each learner to complete anonymously	110
			Prepare: Prepare for the next module	Review the schedule for ECBC Module 2: First stage of labour	
<b>Sub-total session 4</b>		<b>40 min</b>			
<b>TOTAL</b>		<b>6 hrs and 40 min</b>			

# Session 1

Welcome

## **SUB-SESSIONS**

- 1.1 Welcome
- 1.2 Developing a group agreement
- 1.3 Orientation to the ECBC and Module 1: Introduction
- 1.4 Key ECBC resources

 45 minutes







1.1

# Welcome

 20 minutes



## SHARE

### Welcome to the ECBC Module 1: Introduction

- Introduce facilitator(s).**
- Explain key logistics:**
  - location of toilets, break room, etc.
  - start, finish, breaks and lunch times
  - other housekeeping notes (emergency exits, using phones and computers, etc.).
- Orient learners to their Learner's guide and other resources.**



## GROUP ACTIVITY

### Getting to know each other

- Ask facilitators and learners to divide into pairs and do introductions.**  
Introductions could include:
  - name
  - occupation
  - area/location of work
  - learning style: reading/watching, listening/hearing or doing/participating?
  - working or studying preference: alone or in a group?
  - level of comfort with sharing your experiences and opinions in public: always, sometimes, never?
- Ask pairs to introduce each other to the larger group.**
- Ask for volunteers to share their motivation for attending the ECBC.**
  - Why did you want to attend this course?
  - What skills, knowledge or behaviour do you hope to gain in this course?

## 1.2

# Developing a group agreement

🕒 10 minutes



## GROUP ACTIVITY

### Effective collaboration and time management

- Ask: How can we ensure effective and respectful collaboration during the ECBC?**
- Write ideas on a flipchart to create a group agreement.**

If needed, prompts could include the following.

  - Make sure there are opportunities for everyone to contribute.
  - One person speaks at a time.
  - Keep discussions confidential.
  - Keep to time.
  - Trust each other's good intentions.
  - Be polite and diplomatic when there are differences of opinion.
  - Try to achieve a consensus where possible or agree to disagree.
  - This is a safe space to ask questions with no blame or judgement.
  - Acknowledge and respect cultural, geographical, organisational or professional differences.
  - Take responsibility for your own behaviour.
  - Silence phones/computers or switch off to limit distractions.
- Post the agreement in a visible place and refer to it when needed during the course.**
- Describe the parking lot as a tool for managing the discussions.**
  - The parking lot is a flipchart or board that is visible for all learners.
  - When ideas/questions arise that are not directly related to the current topic, note them in parking lot.
  - Review the parking lot at the end of each day.

## 1.3

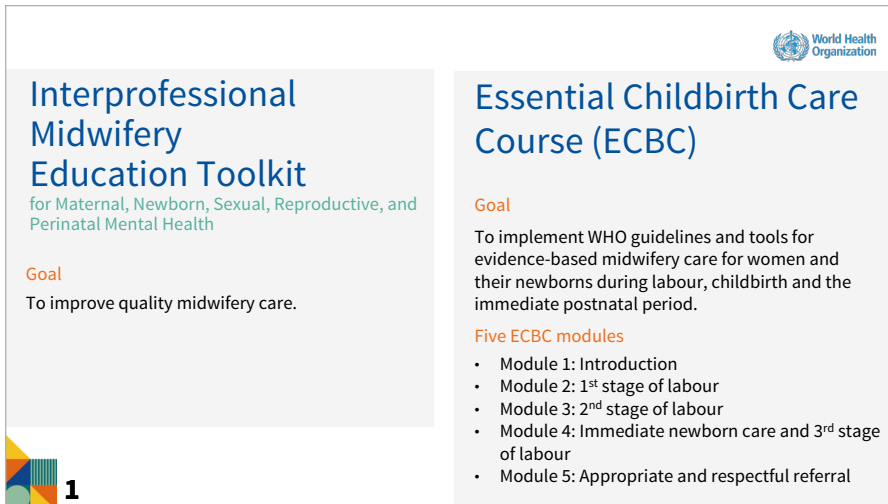
# Orientation to the ECBC and Module 1: Introduction

🕒 10 minutes

 **SHARE**

## Goals of Interprofessional Midwifery Toolkit and ECBC

- Show slide 1. Explain that the ECBC is a suite of modules within the Interprofessional Midwifery Toolkit.



**Interprofessional Midwifery Education Toolkit**  
for Maternal, Newborn, Sexual, Reproductive, and Perinatal Mental Health

**Goal**  
To improve quality midwifery care.

**Essential Childbirth Care Course (ECBC)**

**Goal**  
To implement WHO guidelines and tools for evidence-based midwifery care for women and their newborns during labour, childbirth and the immediate postnatal period.

**Five ECBC modules**

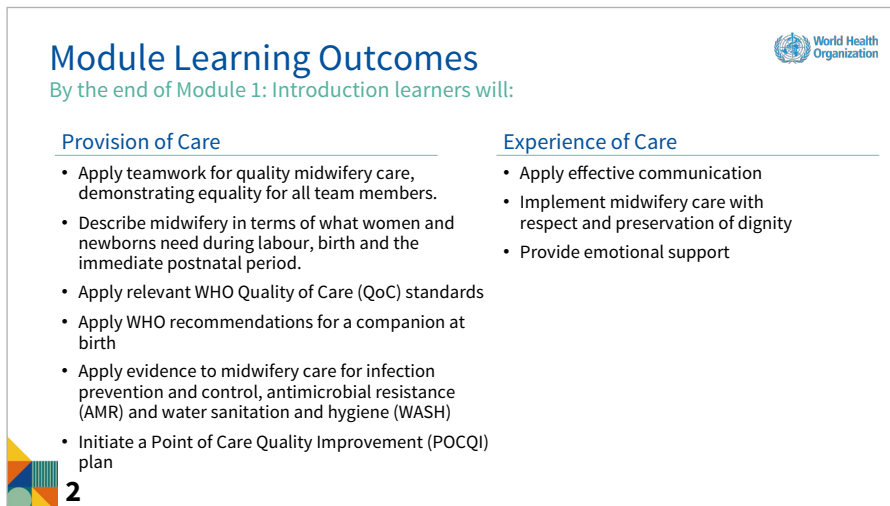
- Module 1: Introduction
- Module 2: 1<sup>st</sup> stage of labour
- Module 3: 2<sup>nd</sup> stage of labour
- Module 4: Immediate newborn care and 3<sup>rd</sup> stage of labour
- Module 5: Appropriate and respectful referral

- Remind learners of the goal of the Toolkit and of the ECBC as written on the slide.
- Explain that the ECBC comprises five modules and focuses on:
- evidence-based midwifery care for healthy women and newborns;
  - provider's knowledge, skills and behaviours for provision of care and a positive experience of care; and
  - quality health care that is effective, efficient, equitable, inclusive, integrated, people-centred, safe and timely.

## SHARE

### Module overview and learning outcomes

- Show slide 2. Introduce the ECBC learning outcomes of Module 1.




**Module Learning Outcomes**  
By the end of Module 1: Introduction learners will:

**Provision of Care**

- Apply teamwork for quality midwifery care, demonstrating equality for all team members.
- Describe midwifery in terms of what women and newborns need during labour, birth and the immediate postnatal period.
- Apply relevant WHO Quality of Care (QoC) standards
- Apply WHO recommendations for a companion at birth
- Apply evidence to midwifery care for infection prevention and control, antimicrobial resistance (AMR) and water sanitation and hygiene (WASH)
- Initiate a Point of Care Quality Improvement (POCQI) plan

**Experience of Care**

- Apply effective communication
- Implement midwifery care with respect and preservation of dignity
- Provide emotional support

 2

- This module aims to familiarise learners with the teaching and learning methodologies used throughout the ECBC.
  - Each **module** has learning **outcomes**.
  - Each **activity** has specific learning **objectives**.
  - Activities include teamwork, applying the WHO framework for the quality of maternal and newborn health care, treasure hunt, video analysis, POCQI plan, role play, facilitated discussion, simulated practice, mentored clinical practice and reflection on practice.

## SHARE

- Thank learners for their work on the pre-course online preparation and for completing the pre-course assessments.
- Prepare an anonymised summary of the main results of the learners' pre-course assessments in relation to the learning outcomes.
- Display the summary on a slide or flipchart in two columns with column 1 labelled "strengths" and column 2 labelled "opportunities".
- Ask the group if there are any additional strengths or opportunities that should be added to the summary.

## 1.4

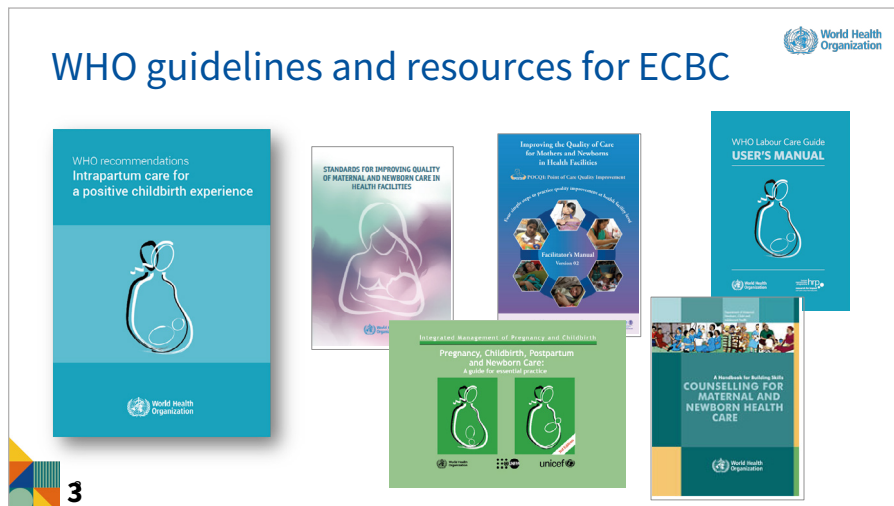
## Key ECBC resources

🕒 5 minutes

 **SHARE**

## WHO evidence informing the ECBC

- Show slide 3. Introduce the various WHO recommendations, guidelines and resources which inform the ECBC.



- All WHO guidelines are free and regularly updated as new evidence becomes available.
- Explain how learners can access these documents online.
- It is every individual's responsibility to provide midwifery care according to the most recent recommendations.

## SHARE

### Resource: Labour care guide

- Show slide 4. Explain that the labour care guide is a tool to guide quality intrapartum care.

**WHO Labour Care Guide**

- Guide monitoring and recording of maternal and fetal well-being and progress of labour
- Guide providers to offer supportive care throughout labour for a positive experience
- Assist providers to identify emerging complications in mother, baby or labour progress
- Guide to trigger action when observations exceed normal thresholds
- Helps avoid over-intervention in normal labour and under-diagnosis of abnormal labour events
- Support audit and quality improvement

**WHO Labour Care Guide USER'S MANUAL**

**4**

WHO labour care guide. Geneva: World Health Organization; 2021 ([https://www.who.int/docs/default-source/reproductive-health/maternal-health/who-labour-care-guide.pdf?sfvrsn=bd7fe865\\_10](https://www.who.int/docs/default-source/reproductive-health/maternal-health/who-labour-care-guide.pdf?sfvrsn=bd7fe865_10)).

WHO labour care guide: user's manual. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/337693/>).

- The labour care guide replaces the partograph.
- The labour care guide user's manual and summary slide deck are useful training and advocacy resources.

## Resource: Labour care guide

Refer to the Learner's guide, section 1.4.

### WHO LABOUR CARE GUIDE

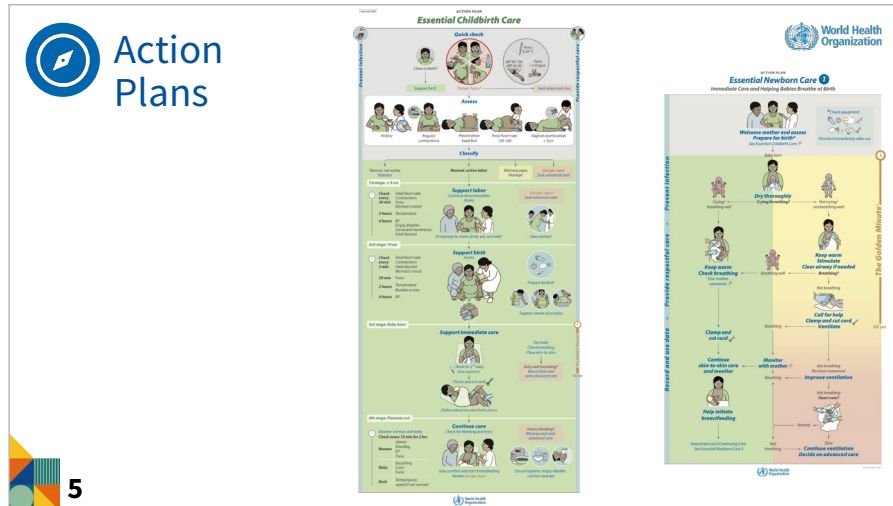
Name		Parity		Labour onset		Active labour diagnosis [Date		]	
Ruptured membranes [Date		Time		] Risk factors					
Time		:		:		:		:	
Hours		1		2		3		4	
ALERT		ACTIVE FIRST STAGE						SECOND STAGE	
SUPPORTIVE CARE	Companion	N							
	Pain relief	N							
	Oral fluid	N							
	Posture	SP							
BABY	Baseline FHR	<110, ≥160							
	FHR deceleration	L							
	Amniotic fluid	M+++, B							
	Fetal position	P, T							
	Caput	+++							
WOMAN	Moulding	+++							
	Pulse	<60, ≥120							
	Systolic BP	<80, ≥140							
	Diastolic BP	≥90							
	Temperature °C	<35.0, ≥37.5							
CONTRACTIONS	Urine	P++, A++							
	Contractions per 10 min	≤2, >5							
LABOUR PROGRESS	Duration of contractions	<20, >60							
	Cervix [Plot X]	10							
		9	≥ 2h						
		8	≥ 2.5h						
		7	≥ 3h						
		6	≥ 5h						
	Descent [Plot O]	5	≥ 6h						
		5							
		4							
		3							
2									
MEDICATION	1								
	0								
	Oxytocin (U/L, drops/min)								
MEDICATION	Medicine								
	IV fluid								
SHARED DECISION-MAKING	ASSESSMENT								
	PLAN								
INITIALS									

In active first stage, plot 'X' to record cervical dilatation. Alert triggered when lag time for current cervical dilatation is exceeded with no progress. In second stage, insert 'P' to indicate when pushing begins.

INSTRUCTIONS: CIRCLE ANY OBSERVATION MEETING THE CRITERIA IN THE 'ALERT' COLUMN, ALERT THE SENIOR MIDWIFE OR DOCTOR AND RECORD THE ASSESSMENT AND ACTION TAKEN.  
 IF LABOUR EXTENDS BEYOND 12H, PLEASE CONTINUE ON A NEW LABOUR CARE GUIDE.  
 Abbreviations: Y – Yes, N – No, D – Declined, U – Unknown, SP – Supine, MO – Mobile, E – Early, L – Late, V – Variable, I – Intact, C – Clear, M – Meconium, B – Blood, A – Anterior, P – Posterior, T – Transverse, P+ – Protein, A+ – Acetone

**Resource: Action Plans**

- Show slide 5. Explain that the Action Plans are used throughout the ECBC.

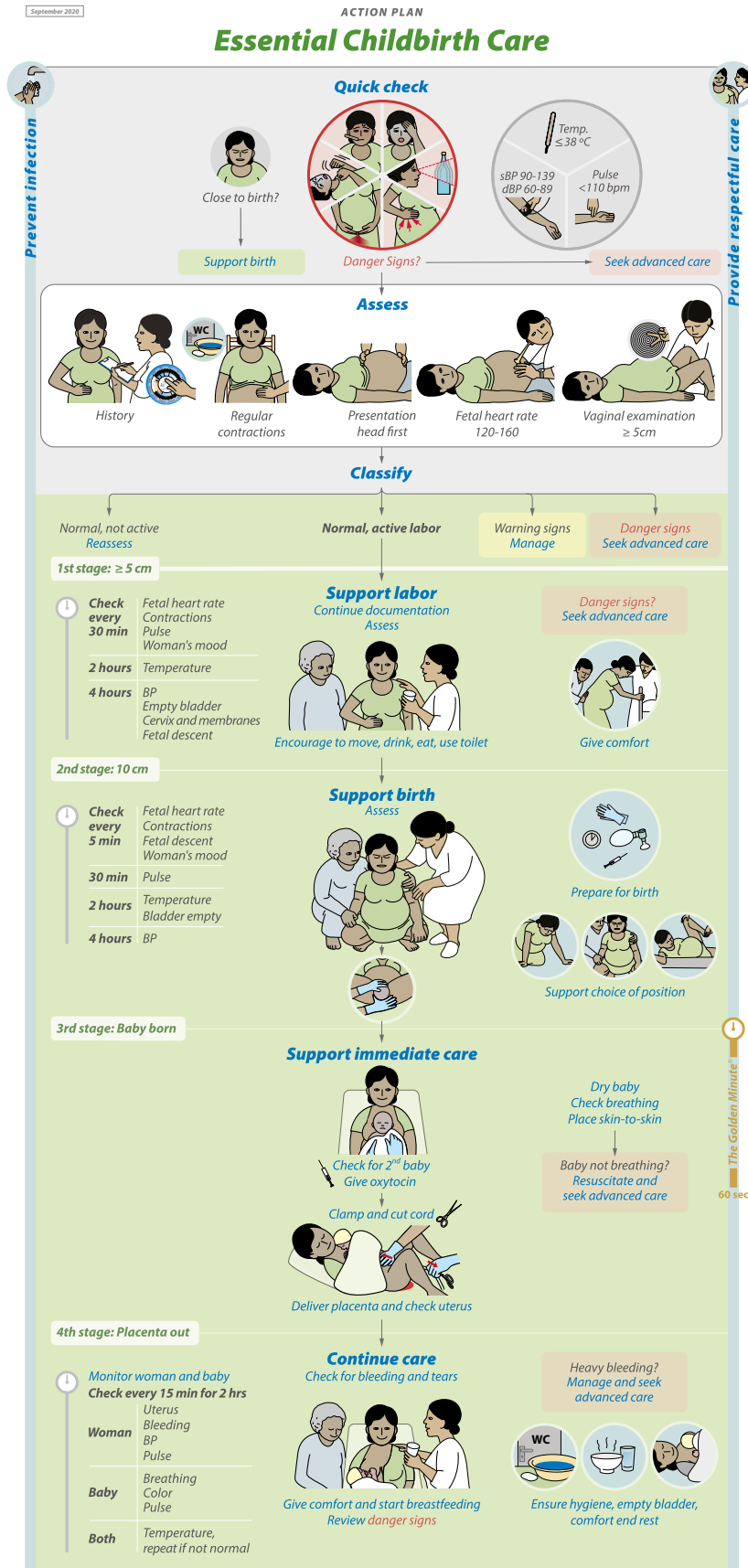


- **WHO ECBC Action Plans:**
  - are graphic summaries of quality care recommendations for women and newborns
  - can be used as teaching and learning resources for midwifery care providers
  - can also be used as educational reference tool for women and families
  - are quick reference job aids which can be displayed in health facilities.



## Resource: Action Plan: Essential Childbirth Care

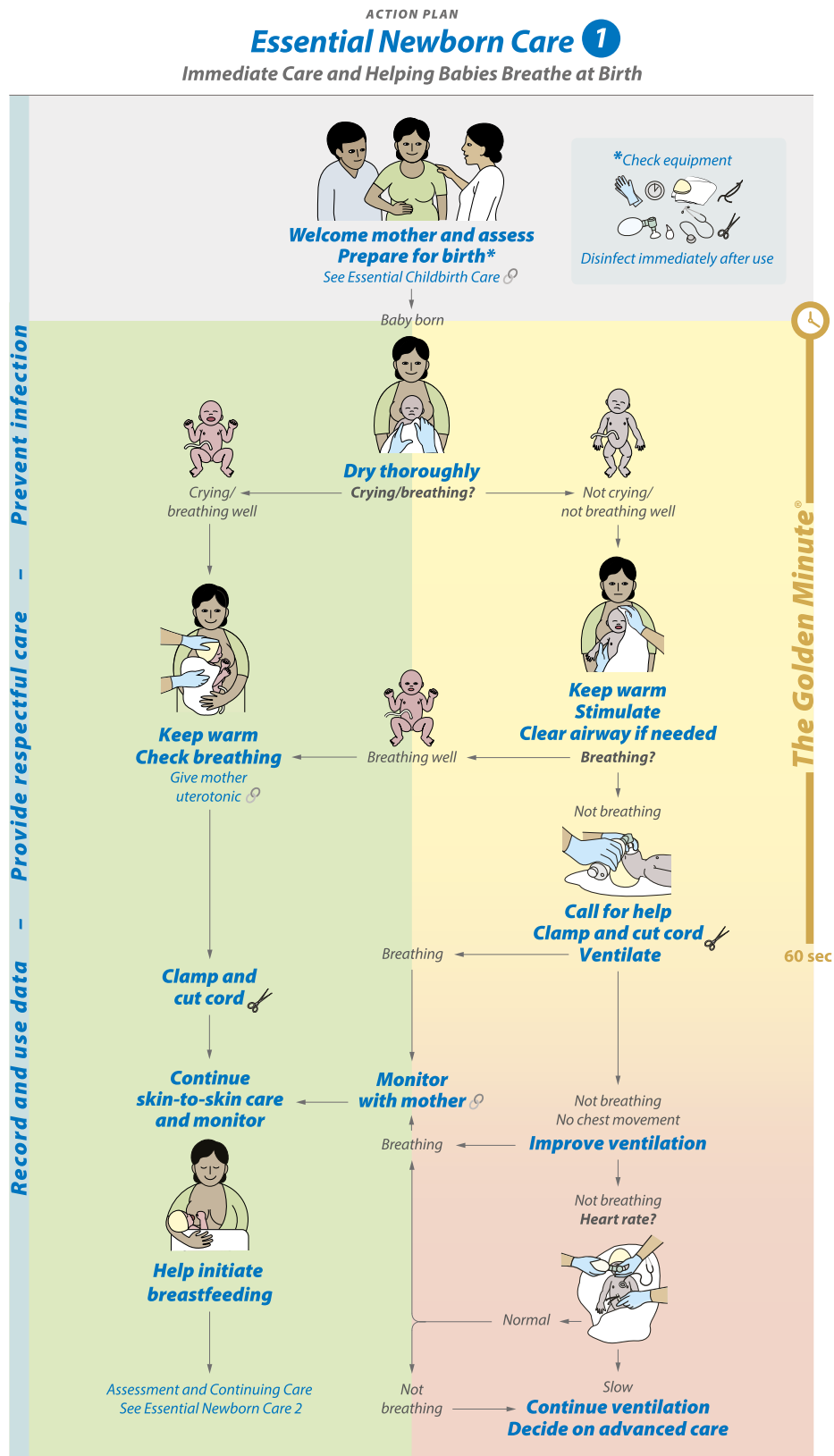
Refer to the Learner's guide, section 1.4.



# Resource: Action Plan: Essential Newborn Care 1

## Immediate care and helping babies breathe at birth

Refer to the Learner's guide, section 1.4.





## SHARE

### Close session 1

- Facilitate learners to reflect on and share their learning.
- Respond to final questions.
- Use parking lot as needed.
- Close session.



# Session 2

## Teaching and learning activities

### **SUB-SESSIONS**

- 2.1 ECBC teaching and learning methodologies
- 2.2 Teamwork: Meena arrives in labour
- 2.3 Applying the WHO framework for the quality of maternal and newborn health care: Susan arrives in labour
- 2.4 Treasure hunt: Companion of choice at birth
- 2.5 Video analysis: IPC
- 2.6 POCQI
- 2.7 Role play: Informed consent for vaginal examination
- 2.8 Simulated practice: Immediate care of Aarush, a healthy newborn
- 2.9 Mentored clinical practice
- 2.10 Reflection on practice

 4 hrs and 40 minutes (including breaks)





## 2.1

# ECBC teaching and learning methodologies

🕒 5 minutes


### LEARNING OBJECTIVE

Learners are familiarized with the active, blended, adult teaching and learning methods used in the ECBC.


### 🗨️ SHARE

#### Active and scenario-based learning

- Show slide 6. Introduce ECBC active teaching and learning methodologies.

**ECBC active learning** 

- Teamwork
- Apply WHO framework for the quality of maternal and newborn health care
- Treasure hunt
- Video analysis
- Point of care quality improvement (POCQI)
- Role play
- Simulated practice
- Mentored clinical practice
- Reflection on practice

 6

- The ECBC uses active blended adult teaching and learning methods to engage learners and encourage critical thinking.
  - All contributions are welcome and encouraged.
- Explain that the ECBC uses scenarios depicting real-life situations to:
  - provide a safe environment to practice and improve quality of care
  - facilitate decision-making and problem-solving
  - increase understanding of the impact of decisions or actions
  - validate learning comprehension
  - trigger and drive behavioural change.

- The ECBC will use three different scenarios to simulate continuity of care:**
- Susan, her companion of choice Elizabeth and newborn Sophia
  - Fatima, her companion of choice Atif and newborn Jamal
  - Meena, her companion of choice Priya and newborn Aarush.

### **Additional learning resources about teaching and learning**

World Health Organization, JHPIEGO. Effective teaching: a guide for educating healthcare providers. Geneva: World Health Organization; 2005  
(<https://apps.who.int/iris/handle/10665/43372>).

Facilitating evidence-based practice in nursing and midwifery in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2017  
(<https://apps.who.int/iris/handle/10665/353672>).



## 2.2

# Teamwork: Meena arrives in labour

🕒 20 minutes

### LEARNING OBJECTIVE

Learners apply teamwork to achieve quality midwifery care. Learners recognize potential bias in teams based on gender, hierarchy or prejudice.

- Explain why the ECBC uses teamwork activities.
  - Teamwork activities encourage learners to collaborate and communicate effectively with everyone involved in the care of women and newborns to strengthen quality of care.
  - Good teamwork can make the difference between life and death for a woman and her baby.



## TEAMWORK

### Facilitate teamwork activity: Meena arrives in labour

1

#### Introduce the activity

1. Ask a volunteer to read the learning objectives to the group.
2. Introduce Meena to the group. Ask a learner to read her scenario aloud.

*Meena is 21 years old and pregnant with her first baby. She came to this district hospital for her antenatal care and has been cared for by the same team of midwifery care providers throughout. Meena is healthy. No complications were identified during her antenatal care. Meena is not married, and her pregnancy was unplanned. The father of the baby has not been supportive during Meena's pregnancy.*

*The midwifery care providers have been very supportive and have not been judgmental about her unplanned pregnancy, so Meena trusts them to care for her respectfully. Meena lives with her family who are excited about the arrival of a new baby. Meena's Aunt Priya is her companion of choice. Meena lives within walking distance of the district hospital. She has just arrived with Priya at the hospital gate.*

*We will continue to meet Meena, Priya and Meena's newborn, Aarush, throughout the ECBC modules.*

**3. Invite learners to represent a member of the team.** Ask each learner to wear a label on which the role of the team member is clearly written.

- Meena
- Priya
- Team members of the facility could include:
  - midwife
  - nurse
  - cleaner
  - obstetrician
  - paediatrician
  - laboratory technician
  - security guard at the gate
  - facility manager
  - maintenance technician
  - others.

**5. Ask the learners to stand side-by-side in a line with their labels visible.**

Meena and Priya are a few steps in front of the line, facing the team members. They are arriving at the hospital gate. They could role play how they are feeling.

## 2

### Coordinate activity from the front of the room

**1. Introduction:** Meena and Priya are arriving at the gate. Our question is: how is our team going to work together to care for Meena?

**2. First prompt:** take a step forward to join Meena and Priya if you are the most important person to provide quality care.

More than one person could step forward.

**3. Follow-up prompts**

Ask questions so that all team members can eventually step forward *to take an equal place* in the line.

Possible prompts are:

- How important is the security guard at the gate for Meena and Priya?
- What might happen to Meena or her newborn if there is no clean water at the facility?
- If Meena has no complications, will the midwife lead Meena's care?
- When might the obstetrician become involved in Meena's care?

### 3

## Facilitate a group discussion about good teamwork for quality care

### 1. Show slide 7 with questions to prompt critical thinking about teamwork in learners' facilities. Ask:

- Is teamwork happening where you work? If it is not happening, why do you think it is not?
- Are all members of the team equally respected? If yes, how is that evident? If not, why not?
- Do you think hierarchy is a facilitator or a barrier where you work? What kinds of hierarchies may affect good teamwork? Hierarchies could be occupational – like roles or seniority – or they could be about social status like socioeconomic class, race, ethnicity or gender.
- Most midwifery care providers are women. How might there be a gender bias that disempowers midwifery care providers within your team?
- Do you feel empowered or disempowered within your team? How?

### Teamwork



- Is teamwork happening where you work? If it is not happening, why not?
- Are all members of the team equally respected? If yes, how is that evident? If not, why not?
- Do you think hierarchy is a facilitator or a barrier where you work?
  - What kinds of hierarchies may affect good teamwork? Hierarchies could be occupational – like roles or seniority – or they could be about social status like socioeconomic class, race, ethnicity or gender.
- Most midwifery care providers are women.
  - How might there be a gender bias that disempowers midwifery care providers within your team?
- Do you feel empowered or disempowered within your team? How?



### Close discussion and emphasize key points:

- Quality care for Meena is all about teamwork.
- Each member of the team is equally important.
- Each team member is also accountable for their own individual practice within the team.

### Highlight additional learning resources on teamwork. Also available in Learner's guide.

### Additional learning resources about teamwork

Midwives' voices midwives' realities: findings from a global consultation on providing quality midwifery care. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/250376/>).

Delivered by women, led by men: a gender and equity analysis of the global health and social workforce. Geneva: World Health Organization, 2019 (Human Resources for Health Observer Series No. 24; <https://apps.who.int/iris/handle/10665/311322/>).

Framework for Action on Interprofessional Education & Collaborative Practice. Geneva: World Health Organization; 2010 (WHO/HRH/HPN/10.3; <https://apps.who.int/iris/handle/10665/70185/>).

George AS, McConville FE, de Vries S, Nigenda G, Sarfraz S, Mclsaac M et al. Violence against female health workers is tip of iceberg of gender power imbalances. BMJ. 2020;371:m3546. doi:10.1136/bmj.m3546.

## 2.3

# Applying the WHO framework for the quality of maternal and newborn health care: Susan arrives in labour

🕒 30 minutes

### LEARNING OBJECTIVE

Learners can apply WHO QoC Standard 1 to the needs of women and newborns in a health facility.

- Explain rationale and how the WHO framework for the quality of maternal and newborn health care will be used in ECBC.
  - Applying this framework can raise awareness of WHO standards and statements.
  - Using scenarios during teaching and learning helps learners to ensure QoC in clinical practice.



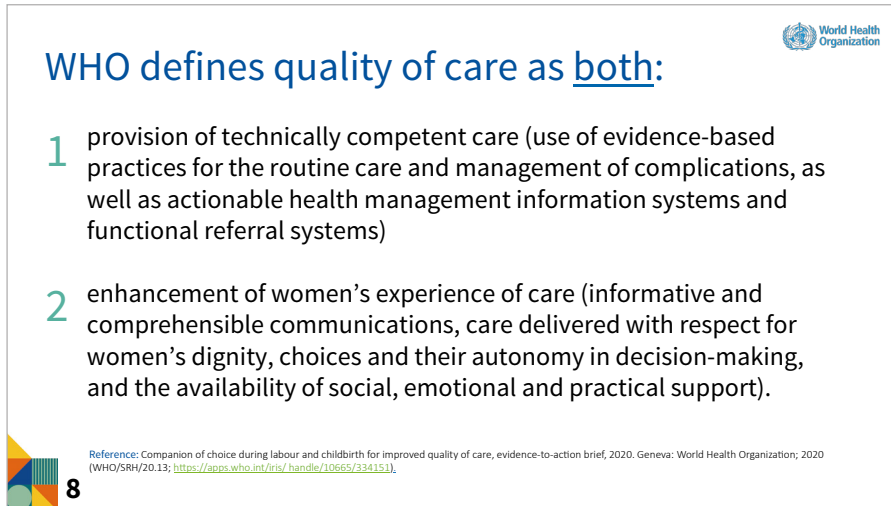
## GROUP ACTIVITY

### Acknowledge learners' knowledge and experience

- Acknowledge that ECBC learners are experienced midwifery care providers with diverse educational, professional and family backgrounds.
- Peer-to-peer learning is facilitated by sharing individual experiences.
- Ask the group of learners to think about the following questions for 1–2 minutes.
  - How would you define QoC?
  - What are the key elements?
- Ask two or three learners to share their suggestions with the group.

## How WHO defines QoC

- Show slide 8. Provision and experience of care.



WHO defines quality of care as both:

- 1 provision of technically competent care (use of evidence-based practices for the routine care and management of complications, as well as actionable health management information systems and functional referral systems)
- 2 enhancement of women's experience of care (informative and comprehensible communications, care delivered with respect for women's dignity, choices and their autonomy in decision-making, and the availability of social, emotional and practical support).

Reference: Companion of choice during labour and childbirth for improved quality of care, evidence-to-action brief, 2020. Geneva: World Health Organization; 2020 (WHO/SRH/20.13; <https://apps.who.int/iris/handle/10665/334151>).

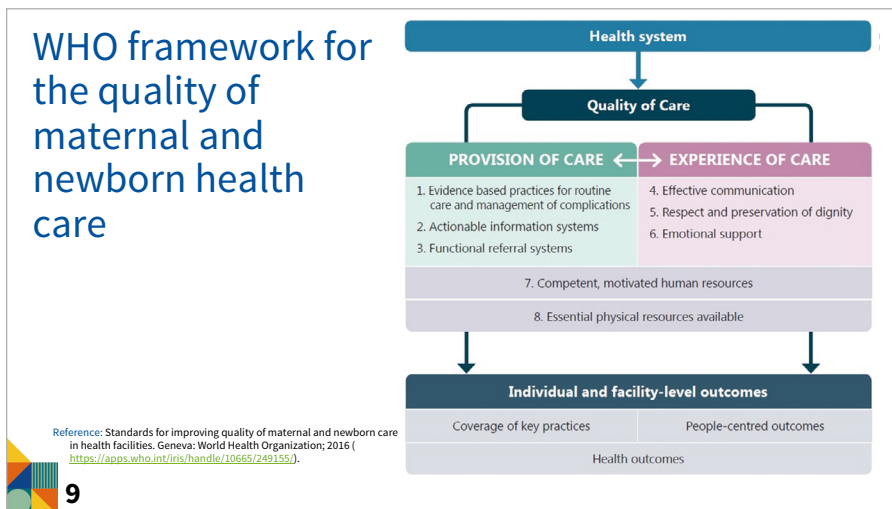
**8**

Companion of choice during labour and childbirth for improved quality of care, evidence-to-action brief, 2020. Geneva: World Health Organization; 2020 (WHO/SRH/20.13; <https://apps.who.int/iris/handle/10665/334151>).

- Emphasize that WHO places equal emphasis on both the provision and experience of care.

## Applying the WHO framework for the quality of maternal and newborn health care

- ☐ Show slide 9. Introduce the WHO framework for the quality of maternal and newborn health care. Refer to the Learner’s guide, section 2.3.




Standards for improving quality of maternal and newborn care in health facilities. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/249155/>).

- ☐ The WHO framework for the quality of maternal and newborn health care highlights eight QoC standards:
  - Standards 1–3 for provision of care
  - Standards 4–6 for experience of care
  - Standards 7–8 for availability of human and physical resources.
- ☐ Explain that each of the eight QoC standards are supported by statements that describe the actions needed to meet the standards.

## QoC Standard 1

- Show slide 10. Introduce an example: Standard 1 and selected relevant statements.

Quality of care framework 

### Standard 1, Care according to WHO guidelines

**Standard 1**  
Every woman and newborn receives routine, evidence-based care and management of complications during labour, childbirth and the early postnatal period, according to WHO guidelines.


**Quality statements relevant for this ECBC activity**

**1.1a** Women are assessed routinely on admission and during labour and childbirth and are given timely, appropriate care.

**1.1b** Newborns receive routine care immediately after birth.

**1.8** All women and newborns receive care that includes standard precautions for preventing hospital acquired infections.

**1.9** No woman or newborn is subjected to unnecessary or harmful practices during labour, childbirth and the early postnatal period.


10

## ★★★★★ APPLYING THE WHO FRAMEWORK FOR THE QUALITY OF MATERNAL AND NEWBORN HEALTH CARE

### Scenario: Susan and QoC Standard 1

- Ask a learner to read the scenario aloud.**  
Refer learners to the Learner's guide, section 2.3.  
  
*Susan is 31 years old. She is pregnant with her second child. She attended antenatal care at another facility four times during her pregnancy. No complications were identified. Susan is healthy and is married to David, who works on a building site an hour away from their home. Susan and David have one child, Nirav, who is 7 years old. She cannot really remember what happened during his birth but does not recall any problems. Susan breastfed Nirav until he was over 2 years old. Susan lives in a rural village with her husband's family, an hour away from the hospital. Susan has come on the bus today with her sister, Elizabeth.*
- Ask learners to form four small groups and allocate one of the discussion questions from QoC Standard 1 (table below) to each group.**
- Allocate one statement and discussion question to each group.**
- For 10 minutes, learners use their allocated discussion question as a prompt to discuss their own experiences on how they have, or will, demonstrate achievement of the corresponding QoC statement.**
- Small groups nominate a person to feedback to the larger group.**



## Group activity discussion questions: Standard 1

WHO QoC statement		Discussion question
1.1a	Women are assessed routinely on admission and during labour and childbirth and are given timely, appropriate care.	What is your role in ensuring Susan is carefully assessed on admission to your facility and during labour and childbirth, and that Susan and her companion of choice are given timely, appropriate care?
1.1b	Newborns receive routine care immediately after birth.	How will you ensure that Susan's baby is given high-quality care immediately after birth?
1.8	All women and newborns receive care that includes standard precautions for preventing hospital acquired infections.	What will you do to make sure that Susan and her baby receive care that includes standard precautions for preventing hospital acquired infections? Does your facility monitor the rate of infection?
1.9	No woman or newborn is subjected to unnecessary or harmful practices during labour, childbirth and the early postnatal period.	How will you respect the human rights of Susan and her baby so that they are never subjected to unnecessary or harmful practices during labour, childbirth and the early postnatal period?

- For 5 minutes, facilitate a representative from each small group to feedback how they have in the past, or plan to, demonstrate the application of their allocated QoC statement to Susan's scenario.

**BREAK 15 minutes**

## 2.4

# Treasure hunt: Companion of choice at birth

🕒 15 minutes

### LEARNING OBJECTIVE

Learners are supported to find the evidence-based WHO recommendation (treasure) that all women have a companion of choice during labour and childbirth. Learners can reflect on how this recommendation can be implemented in their place of work.

- Explain rationale for using treasure hunt activities as an ECBC teaching and learning tool and how this activity will be used in the ECBC.
  - Having the responsibility to find WHO recommendations increases learners' confidence and clinical leadership in seeking and sharing the latest evidence.
  - Having this knowledge enables learners to apply the recommendation and improve their competence in the provision of quality midwifery care, thereby improving the woman's experience of care.



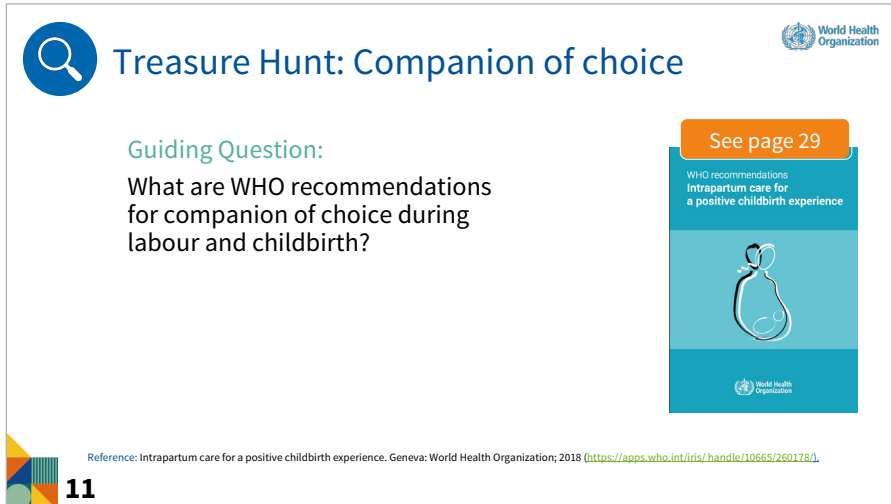
## TREASURE HUNT

### Companion of choice at birth

- Explain how to do a treasure hunt activity.
  - Learners form small groups of three to five people.
  - Learners are provided a clue (guiding question) which will direct them to the correct location in which to find the treasure (the recommendation).
  - Learners have only five minutes to find the treasure, preferably online.
  - The first small group to find the treasure can raise their hand to inform the facilitator and share their findings.
  - If there is no internet access available, learners can search for the treasure in a hard copy of *WHO recommendations: intrapartum care for a positive childbirth experience*.

## Prepare learners to hunt for the treasure and answer the guiding question

- Show slide 11. Prepare learners to hunt for the treasure and answer the guiding question.



**Treasure Hunt: Companion of choice**

**Guiding Question:**  
What are WHO recommendations for companion of choice during labour and childbirth?

See page 29

WHO recommendations  
Intrapartum care for  
a positive childbirth experience

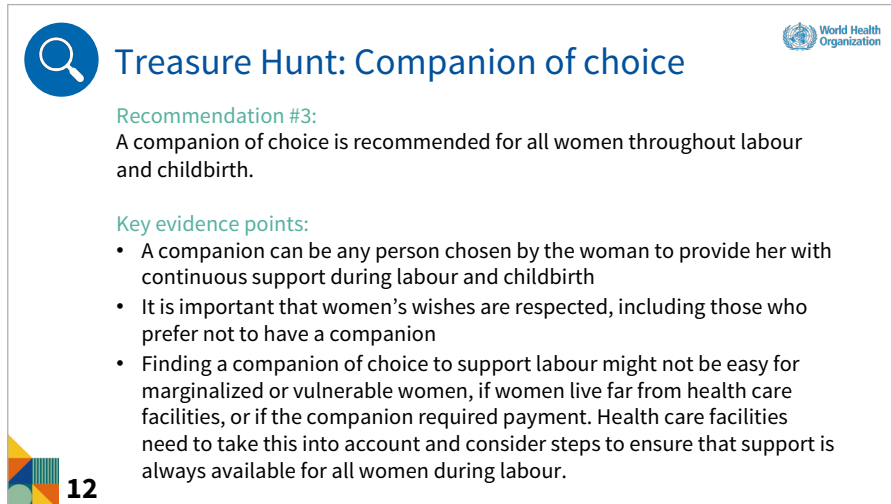
Reference: Intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/260178>).



**11**

Intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/260178>).

- After the allocated time, confirm if the correct treasure has been found.
- Nominate a learner to read the answer to the guiding question (WHO recommendation for companion of choice) out loud.
- Remind learners that the WHO recommendation is the evidence underpinning the QoC standards.

- Show slide 12. Confirm the evidence and ask a learner to read the evidence out loud.




 **Treasure Hunt: Companion of choice** 

**Recommendation #3:**  
A companion of choice is recommended for all women throughout labour and childbirth.

**Key evidence points:**

- A companion can be any person chosen by the woman to provide her with continuous support during labour and childbirth
- It is important that women's wishes are respected, including those who prefer not to have a companion
- Finding a companion of choice to support labour might not be easy for marginalized or vulnerable women, if women live far from health care facilities, or if the companion required payment. Health care facilities need to take this into account and consider steps to ensure that support is always available for all women during labour.

 **12**

- Ask all the learners: How easy or difficult was it to find this treasure?
  - Use parking lot as needed to identify opportunities for quality improvement which can be discussed at the end of the session.



## GROUP ACTIVITY

### Facilitate critical thinking: your experience with companion of choice at birth

- Facilitate a group discussion related to the application of these recommendations.
- Use these prompting questions, if needed, to stimulate critical thinking.
  - Is this recommendation currently being applied in your place of work?
  - If yes, what enabling factors support the application of this recommendation?
  - If no, what are the barriers to applying this recommendation?
  - In your experience, what differences do you think applying this WHO recommendation has for women and their families?
  - Use parking lot as needed to identify opportunities for quality improvement which can be discussed later.



## SHARE

### Resources for further learning on companion of choice

- Show slide 13. Explain where to find additional online resources and provide hard copies if available.

World Health Organization

### Resources for companion at birth

hrp  
World Health Organization  
**Companion of choice during labour and childbirth for improved quality of care**  
Evidence-to-action brief, 2020  
Supporting women to have a chosen companion during labour and childbirth is a low-cost and effective intervention to improve the quality of maternity care, including women's experience of childbirth.

Reference: Companion of choice during labour and childbirth for improved quality of care. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/334151>).

A Handbook for Building Skills  
**COUNSELLING FOR MATERNAL AND NEWBORN HEALTH CARE**  
World Health Organization

See page 113

Reference: Counselling for maternal and newborn health care. Geneva: World Health Organization; 2013 (<https://apps.who.int/iris/handle/10665/44016>).

13

Companion of choice during labour and childbirth for improved quality of care. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/334151>).

Counselling for maternal and newborn health care. Geneva: World Health Organization; 2013 (<https://apps.who.int/iris/handle/10665/44016>).

## 2.5

# Video analysis: IPC

🕒 20 minutes

### LEARNING OBJECTIVES


Learners apply recommended practice to prevent infection during labour and childbirth.


- Explain rationale and how videos will be used in ECBC.
  - Videos can help reinforce evidence-based knowledge, skills and behaviours
  - Watching an animated, real life or simulated video of midwifery care can provide a virtual role model for learners.
  - The demonstration of midwifery care in a video can be a useful teaching and learning tool, encourage reflection and generate discussion.

## ▶ VIDEO ANALYSIS

### “Preventing infection at birth” (7:08)


- Show slide 14. While watching the video, ask learners to consider how they could respond to the five discussion questions.

 **Video 1**  
Preventing infection at birth (7:08)




**Discussion Questions**

1. What is new knowledge for you in the video?
2. Are there any skills that are different to your current practice?
3. What provider behaviours are different to your current practice?
4. How have the providers ensured a positive experience for the woman, her newborn and her birth companion?
5. Does this video highlight a quality-of-care gap or problem in your setting?



Video: <https://globalhealthmedia.org/videos/preventing-infection-at-birth/>

 **14**

- Play the video.  
<https://globalhealthmedia.org/videos/preventing-infection-at-birth/>



## GROUP ACTIVITY

### Respond to discussion questions

- Facilitate a 10-minute discussion to answer questions on slide 14.**
  - Learners do not need to repeat insights already shared.
  - Use parking lot as needed to identify opportunities for quality improvement which can be discussed later.

## 2.6

# POCQI

🕒 30 minutes

### LEARNING OBJECTIVE

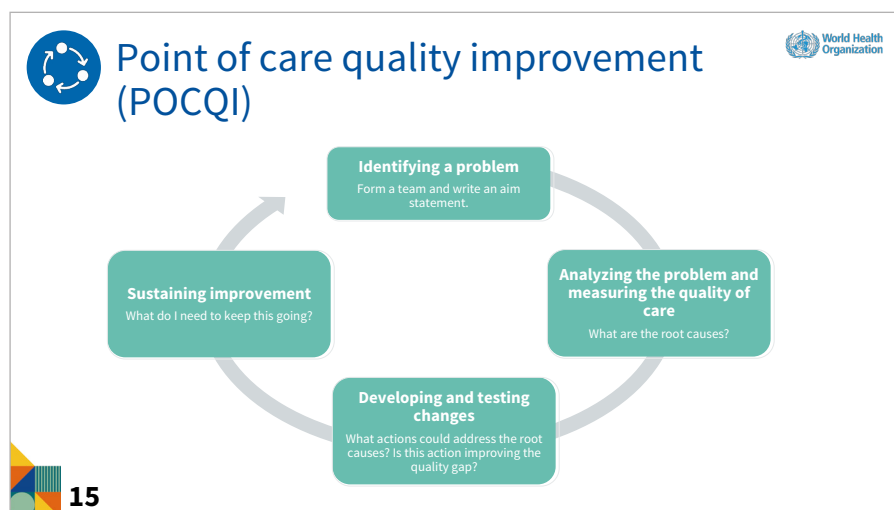
Learners apply the POCQI process to QoC Standard 6: Emotional support for companion of choice during labour and childbirth.

- Explain rationale for using POCQI as an ECBC teaching and learning tool.**
  - The WHO POCQI tool helps to identify and analyse specific issues which may affect QoC in order to find solutions that are appropriate to the setting where care is provided.
  - The POCQI process helps learners take individual responsibility and work within a team with shared goals to improve QoC.
  - Learners will develop a POCQI plan throughout the ECBC that they can test, adapt and apply when they return to their place of work.
  - The POCQI plan can be updated regularly – each time a quality improvement opportunity is identified.

## 🗨️ SHARE

### POCQI

- Show slide 15. Explain the four steps of the POCQI cycle.**





- Ask learners if they watched the “Introduction to POCQI” video in the pre-course materials.**
  - If everyone says yes, invite questions or comments on the POCQI process.
  - If anyone says no, show the 5-minute POCQI video, available at <https://www.pocqi.org/>.
- Recommend that learners complete the POCQI e-learning course and receive the certificate:** <http://workbook.pocqi.org/home.html>.

### **Additional learning resource**

Improving the quality of care for mothers, newborns and children in health facilities. POCQI: point of care quality improvement. Facilitator manual, version 3. New Delhi: WHO Regional Office for South-East Asia; 2020 (<https://apps.who.int/iris/handle/10665/331665>).

# Resource

## Blank POCQI template

POCQI Subject		
<b>Step one: Identify problem</b>	<b>Considerations from the perspective of women and companions</b>	<b>Considerations from the perspective of midwifery care providers</b>
Problem identified		
Team aim statement		
Who needs to be involved?		
<b>Step two: Analyse problem and measure QoC</b>		
What is causing the problem? (root cause)		
QoC measures and tools		
Documenting measurement		
<b>Step three: Develop the change and test</b>		
Possible changes in your context		
Actions to test changes – when, where, who?		
<b>Step four: Sustain improvement, watch out for complacency</b>		
Review		



## Facilitate a POCQI for QoC Standard 6, statements 6.1 and 6.2

- Show slide 16. QoC Standard 6, statements 6.1 and 6.2.

Quality of care framework

### Standard 6, Emotional Support

**Standard 6**  
Every women and her family or the companion of her choice are given emotional support that is sensitive to their needs and strengthens the woman's capability.

**Quality statements relevant for this ECBC activity**

**6.1:** Every woman is offered the option to experience labour and childbirth with the companion of her choice.

**6.2:** Every woman receives support to strengthen her capability during childbirth.

**16**

Facilitators can use the example of a completed POCQI included at the end of this sub-session to help facilitate this activity.

- Ask learners to form four small groups of equal numbers.
- Direct learners to the resources they need for this activity.
  - The blank POCQI template (refer to the Learner's guide, section 2.6).
  - Companion of choice during labour and childbirth for improved quality of care, evidence-to-action brief, 2020. Geneva: World Health Organization; 2020 (WHO/SRH/20.13; <https://apps.who.int/iris/handle/10665/334151/>).
- Ask learners to reflect on their own experience providing quality care as described in the QoC Standard 6, Emotional support, and statements 6.1 and 6.2, Companion of choice.
- Learners complete the four steps of the POCQI cycle using the blank POCQI template. For example:

**Step 1: Identify the problem**

- Not enough space in facilities or resistance from other health providers, for example.
- Who needs to be involved in identifying the problem? Is this a management responsibility or an individual responsibility?

**Step 2: Analyse the problem**

- What is the underlying issue (root cause) that is preventing women from having a companion of choice at birth? This may be a set of interacting problems.
- What QoC measures can be used to monitor change?
- How will you document change?

**Step 3:** What is your suggested action?

- Is it ensuring there are curtains between beds, or is there more that must be done?

**Step 4:** Sustain improvements

- How can you avoid complacency, even where the solution is working?
- How you can you ensure women continue to be supported to have a companion of choice at birth?



## SHARE

### Group representatives share their POCQI template

- Ask a representative from each group to share their completed POCQI template.**
- Explain to learners:**
  - this activity is the start of their ECBC quality improvement plan;
  - remind learners that there are always opportunities for quality improvement, even when WHO standards are being well applied;
  - throughout the ECBC, additional POCQI templates will be developed to support improved QoC;
  - at the end of the course, learners will review all their POCQI plans, and be asked to prioritize areas for quality improvement;
  - when learners return to their place of work, they are encouraged to discuss the quality improvement plans with the team and, together, decide on solutions, activities and coordination to sustain improvement;
  - the ECBC encourages learners to develop a culture of continuous quality improvement using the POCQI process.

# Resource

## Example of a completed POCQI template for facilitators

POCQI Subject	<i>Companion of choice at birth</i>	
Step one: Identify problem	Considerations from the perspective of women and companions	Considerations from the perspective of midwifery care provider
Problem identified	<p><i>Women are not supported to have a companion of choice.</i></p> <p><i>Concerns about the attitudes of health workers towards them about labour companionship.</i></p> <p><i>Women and their companions of choice want more information on the role of companions during labour and childbirth.</i></p> <p><i>Women and companions of choice feel that orientation sessions during antenatal care would be helpful.</i></p> <p><i>Women feel it is important to have privacy and chairs for companions of choice to sit on.</i></p>	<p><i>Women are not supported to have a companion of choice.</i></p> <p><i>Concerns about the attitudes of managers towards labour companionship.</i></p> <p><i>Women and families may not be aware that a companion is allowed in the facility.</i></p> <p><i>Facility does not have a policy that allows for companionship.</i></p> <p><i>Facility does not have infrastructure, curtains for privacy or chairs for companions to sit on.</i></p>
Team aim statement	<i>Not Applicable</i>	<p><i>All women will be supported to have a companion of choice during labour and birth for a positive experience.</i></p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li><i>not all women will choose to have a companion;</i></li> <li><i>women may choose a companion who is a partner, family, community member or friend; and</i></li> <li><i>all women, with or without a companion, must have privacy.</i></li> </ul> <p><i>Companions must be guided by the midwifery care provider to ensure full IPC measures.</i></p>
Who needs to be involved?	<p><i>Representatives and advocates of women</i></p> <p><i>Community leaders</i></p>	<p><i>Facility manager</i></p> <p><i>Midwifery care providers and facility support staff</i></p> <p><i>IPC team</i></p> <p><i>Health care professional associations to advocate for women and influence improved QoC</i></p>

<b>Step two: Analyse problem and measure QoC</b>	
What is causing the problem? (root cause)	<i>Example: Currently, women are not supported to have a companion of choice due to privacy concerns for other women in labour.</i>
QoC measures and tools	<i>Example: Suggest use of the labour care guide for guidance on and to monitor the number of women with companions of choice at birth.</i>
Documenting measurement	<i>Example: To be discussed. What is currently available for documenting QoC measures? What improvements can be made to measurement and documentation and how might findings be shared with the team?</i>
<b>Step three: Develop the change and test</b>	
Possible changes in your context	<ul style="list-style-type: none"> <li>• <i>Let women know during pregnancy that they can bring a companion of their choice to the facility during labour and birth.</i></li> <li>• <i>Put up posters in the facility with clear information on the role of the companion.</i></li> <li>• <i>Hold a team meeting about the evidence on the benefits of having a companion of choice and discuss the concerns of team members about how to address the issues.</i></li> <li>• <i>Outline the roles to avoid any disturbance to care by the companion's presence.</i></li> <li>• <i>Develop brief guidance on what companions can and cannot do.</i></li> <li>• <i>Create an enabling environment. This may mean making formal changes to existing national or institutional policies to allow labour and childbirth companions of choice in facilities.</i></li> <li>• <i>Install curtains or use a mobile screen around each bed and assessment area to provide privacy. Ensure there is seating for the companion.</i></li> </ul>
Actions to test changes: when, where, who?	<ul style="list-style-type: none"> <li>• <i>Organize a meeting to discuss the benefits of having a companion of the woman's choice during labour and birth as a low-cost effective intervention to improve the quality of maternity care, including women's experience of childbirth and improved outcomes for women and newborns.</i></li> <li>• <i>Organize a meeting with the facility management team to discuss budget and facility upgrades to install curtains.</i></li> <li>• <i>Develop a data sheet, make a photocopy and put it in all clinical records.</i></li> <li>• <i>Create a poster to share with team members on the benefits of having a companion of choice during labour and birth.</i></li> <li>• <i>Check progress every 4 weeks.</i></li> </ul>
<b>Step four: Sustain improvement, watch out for complacency</b>	
Review	<ul style="list-style-type: none"> <li>• <i>Perform a monthly collation and review of data sheets.</i></li> <li>• <i>Keep records of progress on the increasing percentage of women supported to have a companion of choice.</i></li> <li>• <i>If women are not supported to have a companion of choice, explore possible reasons, review changes, propose actions and develop a new approach.</i></li> </ul>

## 2.7

# Role play: Informed consent for vaginal examination

🕒 30 minutes

### LEARNING OBJECTIVE

Learners demonstrate respectful behaviour when gaining consent for a vaginal examination.



## SHARE

### Role plays as an ECBC teaching and learning tool

- Explain rationale and how role plays will be used in the ECBC.**
  - Teaching and learning using role play can help to reinforce positive provider behaviour, which contributes to a woman's experience of care.
  - Role plays in the ECBC focus on providing effective communication and emotional support as well as preserving dignity (QoC Standards 4, 5 and 6).
  - Ask volunteers to participate in the role play. No one is obliged to role play.
  - Ask learners if they agree to making a video of the role play for instructional feedback purposes.
    - Only the facilitator should record; learners must not video the role play, as this could be sent out on social media and can be misinterpreted.
    - After the video is reviewed it should be deleted.



# ROLE PLAY

## Informed consent for vaginal examination

### 1

#### Introduce the role play activity

This role play is about gaining consent to perform a vaginal examination.

- 1. Ask for three volunteers for the acting roles.**
  - Meena, birthing woman
  - Priya, her aunt and birth companion of choice
  - Midwifery care provider
- 2. Ask all non-actor learners to prepare the space for the role play while you brief the three actors.**
- 3. Prepare an environment as close to a real-life situation as possible; include what you need for evidence-based, respectful care, WASH and IPC.**

### 2

#### Brief the three actors

##### ***Meena (birthing woman)***

- You will act the role of Meena, who is being asked for consent to a vaginal examination.
- You are 21 years old, and this is your first baby. You have been coming to this facility for your antenatal care.
- You have arrived at the facility and are feeling anxious about labour. You are worried about who will be providing you with midwifery care.
- You are afraid that you may be treated badly because you are a single mother.
- You are mobile, walking around the bed and are having painful, regular contractions every 3-4 minutes.
- You have had a blood-stained mucous vaginal discharge, but the waters have not broken.
- You are happy that your aunt Priya is with you.



**Priya (Meena's aunt and birth companion of choice)**

- You are very excited that the baby is coming.
- You have questions about how long labour will take.
- You are alert to the possibility of providers expressing discrimination towards unmarried, adolescent mothers, and you are prepared to defend Meena's right to respectful care.
- When Meena has a contraction, you rub her back and provide soothing support.
- You are keen to make sure that everything is done for Meena and the baby.

**Midwifery care provider**

- Use imaginary props for care provision such as hand washing and ensuring there are curtains for privacy.
- You express how pleased you are that Meena has a supportive companion, and you reassure Meena and Priya through your effective verbal and non-verbal communication that you are respectful and there is no stigma associated with her age or marital status.
- Use effective communication, ensuring respect and preservation of dignity, and provide emotional support (apply QoC Standards 4, 5 and 6).
- You are completing Meena's admission assessment and need to gain informed consent for the care you will be providing.
- Review Meena's antenatal records for her blood group, Rhesus typing and haemoglobin, urine test for urine protein and glucose and HIV status, if appropriate.
- Give Meena and Priya an explanation of what to expect in the next few hours in language that is respectfully appropriate for Meena. First, explain to Meena the procedures you recommend. These include:
  - abdominal palpation for fetal lie, position, descent of the baby, presentation of the baby, station of the presenting part and fetal heart rate
  - blood pressure, pulse and temperature
- Vaginal examination to confirm position of the baby and status of the membranes.
- Ask: "Do you or Priya have any questions?"
- Answer their questions and be respectful and supportive of Meena's decisions as well as Priya's support even if Meena declines to consent to some procedures.
- Ask: "Do you give me your consent to all the procedures I have described, including the vaginal examination? After the examination I will share all the findings with you and together we can discuss a plan of care."

### 3

#### Set context for group

**1. Introduce Meena’s story to the group to set the stage**

Meena is 21 years old and unmarried. This is her first pregnancy, and she is 40 weeks pregnant. Her companion of choice is her aunt Priya. Meena is having regular, painful contractions and has come for admission to a district hospital.

**2. Ask learners to observe how QoC Standards 4, 5 and 6 for respectful care are being met during the role play.**

Observe how the midwifery care provider is ensuring a positive experience of care by:

- providing effective communication
- ensuring respect and preservation of Meena’s dignity
- providing emotional support
- gaining informed consent for the vaginal examination.

### 4

#### Start the role play

Suggested time: 10–15 minutes

Facilitator(s): Wait until the debrief to give feedback and discuss the role play. Do not interrupt the action.

**1. Actors assume the roles and spontaneously act the scenario.**

- Start the role play with Meena, Priya and the midwifery care provider arriving in the assessment room.
- Meena is having regular contractions and is walking around the bed.

**2. End the role play when Meena has had all her questions answered and has given consent to the initial labour assessment. Respect that Meena may not have given consent to a vaginal examination.**

## 5

### Lead a group debrief

Suggested time: 10 minutes



#### 1. Reactions

- Invite all learners – the actors and observers – to reflect and give feedback on their reaction to the role play.
- Feedback is to be supportive and encourage curiosity for reflection.
- What is your emotional reaction to the role play?
  - Remember, learners should be asked to think about their own personal reaction to the role play, not the characters.

#### 2. Analysis

- Support learners to critically reflect on their current midwifery practice and behaviour. To what extent do they apply the QoC standards for respectful care? How can learners better provide effective communication, respect and preservation of dignity as well as emotional support?
- Approach every situation and any errors as a learning opportunity.
- Give feedback and encouragement.
- Discuss how you would react if Meena had refused to have a vaginal examination. Remember: it is Meena's choice and she has the right to refuse.

#### 3. Summary

- Review the learning objectives – were they achieved?
- Encourage learners to turn reflections into action.
- Use parking lot as needed to identify opportunities for quality improvement which can be discussed later.

**LUNCH BREAK 60 minutes**

## 2.8

# Simulated practice: Immediate care of Aarush, a healthy newborn

🕒 35 minutes

### LEARNING OBJECTIVE


Learners conduct a simulation of immediate newborn care using WHO tools and resources.

- Explain rationale and how simulation will be used in the ECBC.
  - Simulation ensures learners demonstrate a positive experience of care, communicating respect, preserving dignity and providing emotional support (QoC Standards 4, 5 and 6).
  - Learners can simulate provision of evidence-based care and receive feedback in a safe, supportive environment.


### SHARE

#### Simulating immediate newborn care of Aarush

- Show slide 17. Simulation as a teaching and learning method.




### Simulation



Simulation is a learning activity in which learners simulate quality care.

- Simulation is planned to represent actual or potential situations
- Learners interact with people in a realistic clinical environment and apply previous knowledge and skills.
- Simulation develops and builds knowledge, skills and behaviours
- Simulation is hands on practice for care provision and providing a positive experience of care,
- A safe learning environment is a positive learning environment with trust. Allow for mistakes and trial-and-error learning.
- A scenario is given with the context for the simulation - objectives, who is present, the situation, learner actions, and discussion points.

Reference: Effective teaching : a guide for educating healthcare providers. Geneva: World Health Organization; 2005 (<https://apps.who.int/iris/handle/10665/43372/>).

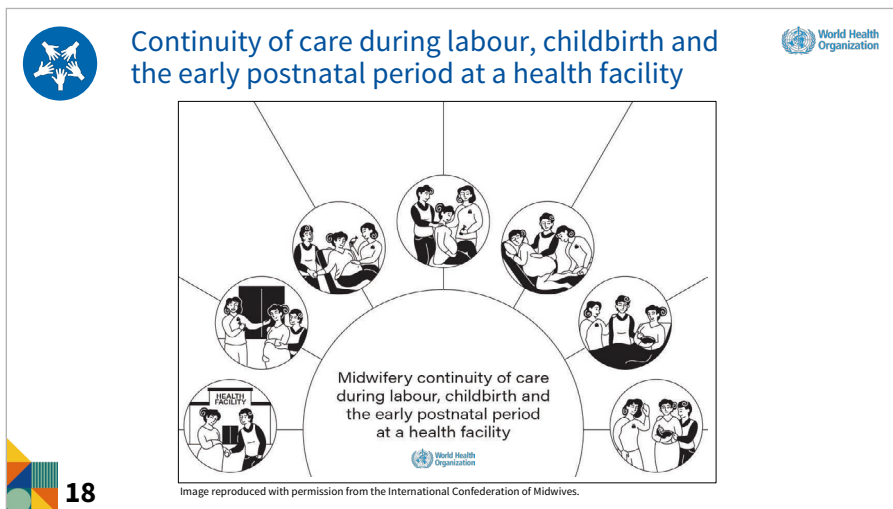
**17**

Effective teaching: a guide for educating healthcare providers. Geneva: World Health Organization; 2005 (<https://apps.who.int/iris/handle/10665/43372/>).

- The WHO Action Plan (sub-session 1.4) and peer-to-peer feedback tool (see below) will be used in this activity.
- More detailed knowledge and skills required to provide care of a healthy newborn will be covered in Module 3.

## Simulating continuity of care

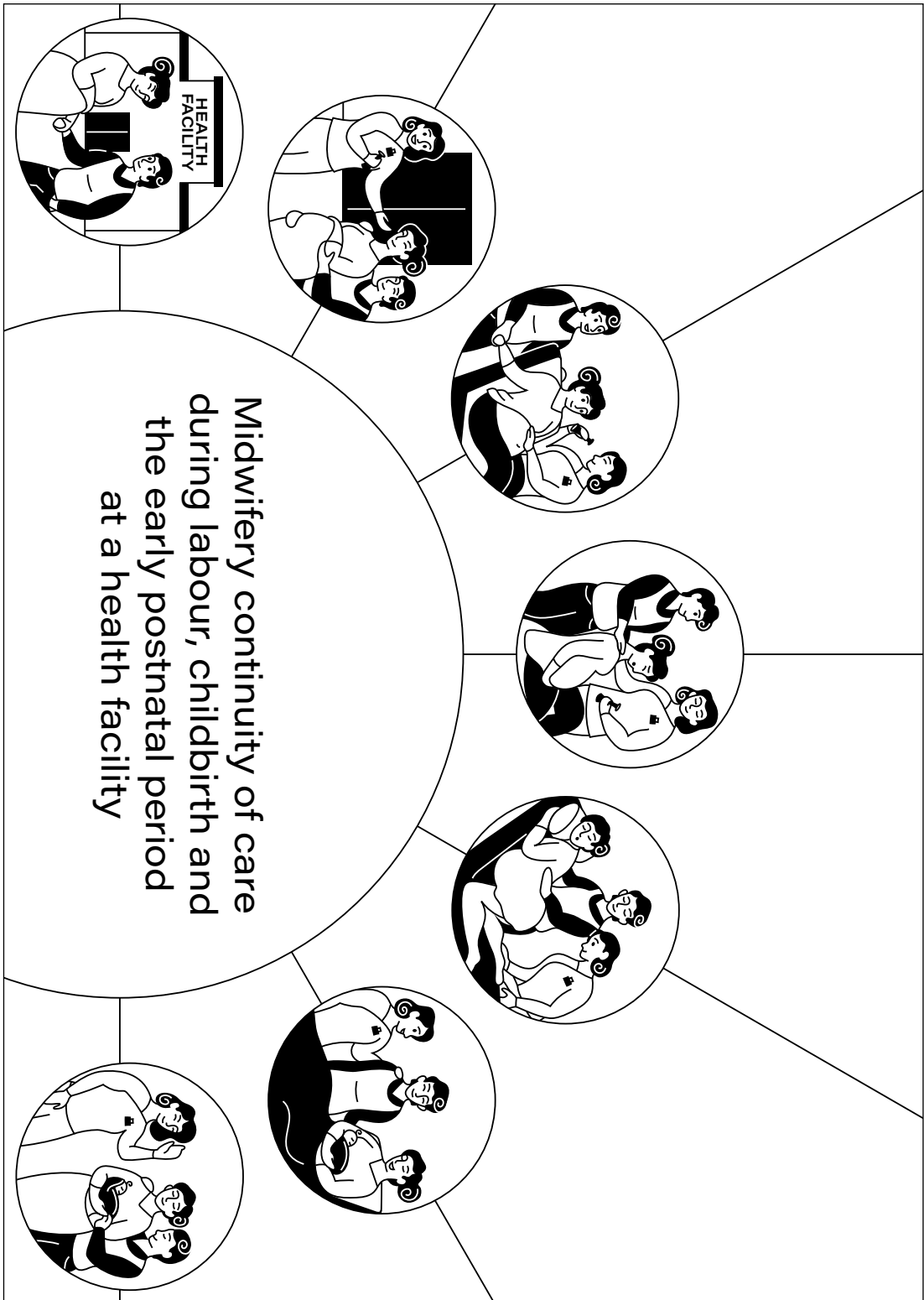
- ❑ **Show slide 18. Continuity of care during labour, childbirth and the early postnatal period at a health facility.**
  - The image shows that ideally, in a health facility, the same provider will stay with the woman, her companion of choice and newborn throughout labour, childbirth and during immediate newborn care.
  - The sun (or moon) represents the time that a woman, her provider, her companion of choice and newborn are in the health facility.
  - In the ECBC, this image will be used as a visual prompt during simulation of continuity of care.



# Resource

## Midwifery continuity of care

Image reproduced with permission from the International Confederation of Midwives.





## SIMULATED PRACTICE

### Immediate care of Meena's healthy newborn, Aarush

#### 1

#### Prepare to do a simulation

Refer to the Learner's guide, section 2.8.

**1. Introduce the scenario: immediate care of the healthy newborn.**

*Meena has given birth to a healthy boy baby, Aarush, who cried immediately following birth and is breathing normally.*

**2. Review the Action Plan for immediate newborn care.**

Follow the steps in the WHO Action Plan for a newborn who has cried and is breathing well (session 1.4).

**3. Introduce the peer-to-peer feedback template used in the ECBC (refer to the Learner's guide, section 2.8).**

Explain that during the simulation, observers complete the feedback template to provide positive, constructive verbal feedback to the midwifery care provider after the simulation.

#### 2

#### Organize into groups

**1. Learners organize themselves into groups of 4 or 5 and prepare the environment and resources for the simulation activity.**

Group members choose roles of observer, midwifery care provider, Meena and Priya.

### 3

#### **Groups begin simulated practice for immediate newborn care of Aarush, following the steps on the Action Plan**

1. **In turns, each learner simulates respectful immediate newborn care of Aarush, and respectful communication with Meena.**
  - Facilitate the birth and place newborn model on the chest of a learner playing the role of Meena.
  - Gain consent, share information and provide guidance.
  - Remember IPC.

### 4

#### **Observe group simulation and provide support**

1. **Support learners to achieve the learning objective.**
  - Provide prompts where needed to ensure a positive experience of care and the provision of evidence-based midwifery care for Aarush.
  - If necessary, immediately correct any skills or behaviours deviating from the Action Plan.
  - Promote critical thinking.
2. **Create a safe learning environment.**
  - Focus on respectful interactions with and between learners to inspire trust and promote a safe learning environment.

### 5

#### **Observers provide feedback from the peer-to-peer feedback template**

1. **Peer observers provide positive, constructive verbal feedback to the midwifery care provider using the peer-to-peer feedback template.**



## 6

### Facilitator leads a full group debrief



#### 1. Reactions

- Invite all learners to reflect and share what they learned during the simulated practice.
- Are there any emotional reactions to the simulated practice?

#### 2. Analysis

- Support learners to critically reflect on their current midwifery practice and behaviour.
- Ask to what extent learners apply the QoC standards for respectful care in their current workplace?
- Ask learners for examples of how they can improve quality of immediate newborn care in their workplace through:
  - effective communication
  - respect and preservation of dignity
  - emotional support.

#### 3. Summary

- Review the learning objective: was it achieved?
- Use parking lot as needed to identify opportunities for quality improvement which can be discussed later.

# Resource

## Peer-to-peer feedback template: immediate newborn care

Refer to the Learner's guide, section 2.8.

Learner's name: \_\_\_\_\_

Date \_\_\_\_\_

Observer's name: \_\_\_\_\_

**Instructions for learners:** Use this template to understand what is expected during the simulation.

**Instructions for observer:** Observe your peer during the simulation. Note if the experience and provision of care meets expectations or if more support is needed. Provide supportive and constructive verbal feedback at the end of the simulation.

	Expectations for high-quality care	Needs more support	Meets expectations
<b>Experience of care</b>			
1	Builds relationship with the woman and her companion of choice with empathy and kindness, provides care tailored to the woman and newborn's circumstances and needs and prevents unnecessary intervention		
2	Promotes a positive experience of care by using effective communication to gain consent and provide information		
3	Provides respectful care that preserves dignity		
4	Provides emotional support for newborn and mother		
5	Provides support to the woman's companion of choice		
<b>Provision of care</b>			
6	Immediate newborn assessment and drying, covering with a dry cloth and hat and encouraging skin-to-skin contact with mother		
7	Supports mother to initiate breastfeeding when newborn shows feeding cues		
8	Provides information on vitamin K and gains consent to administer		
9	Provides information on importance of delaying first bath for 24 hours		
10	Prevents harmful practice: does not perform routine suctioning of newborn		
11	Does not separate newborn from mother		

# Resource

## Simulation materials and equipment for immediate newborn care

Refer to the Learner's guide, section 2.8.

### 1. Materials

- baby model/mannequins
- screens for privacy

### 2. Equipment

- blood pressure machine and stethoscope
- thermometer
- fetal stethoscope/doppler ultrasound
- scissors and clamps
- gloves, apron and mask
- swabs
- clean towels for wiping and drying the newborn
- cloth or blanket for covering newborn and a hat for the newborn
- oxytocin
- syringes, needles and sharps container
- self-inflating bag and mask for neonatal resuscitation
- baby labels if used in the facility
- hand gel or handwashing station
- clock, watch or mobile phone for noting time of birth and documentation

## 2.9

# Mentored clinical practice

🕒 10 minutes

### LEARNING OBJECTIVE

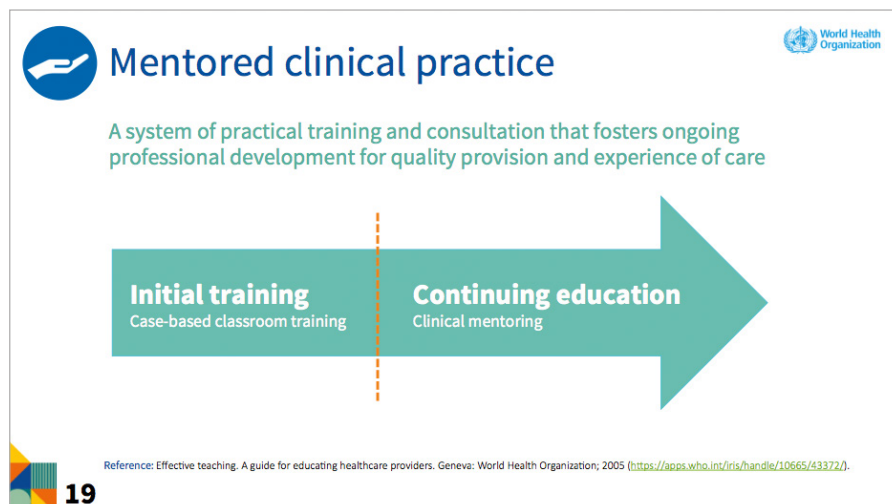
Learners can identify characteristics of a positive mentor/mentee relationship

- Explain rationale and how mentored clinical practice is incorporated into the ECBC.
  - Mentored clinical practice is essential for continuing professional development, enabling quality provision and experience of care.
  - Mentoring may occur during site visits and with ongoing phone and email communication.

### SHARE

#### Mentored clinical practice

- Show slide 19. Describe clinical mentoring.
  - Clinical mentorship is a system of continuous practical training immediately after initial education.
  - Clinical mentors need to be experienced, practising clinicians with strong teaching skills.
  - Mentoring is a mutual learning process both for the mentor and mentee.



**Mentored clinical practice**

A system of practical training and consultation that fosters ongoing professional development for quality provision and experience of care

**Initial training**  
Case-based classroom training

**Continuing education**  
Clinical mentoring

Reference: Effective teaching. A guide for educating healthcare providers. Geneva: World Health Organization; 2005 (<https://apps.who.int/iris/handle/10665/43372/>).

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Effective teaching: a guide for educating healthcare providers. Geneva: World Health Organization; 2005 (<https://apps.who.int/iris/handle/10665/43372/>).



## GROUP ACTIVITY

### Invite learners to share their experience

- Spend a few minutes asking learners, one at a time, to describe a positive personal characteristic of an effective mentor.
- Ask other learners to stand up if they agree with the characteristic that has been described by their peer.
- Learners and facilitators will immediately see by the number of learners standing and if there is group consensus or not.
- Repeat the process. Ask learners, one at a time, to next describe a positive personal characteristic of a mentee.
- Something to think about: Is it possible for you to find your own mentor? How will you arrange this after the ECBC?



## SHARE

### Mentorship vs supportive supervision

- Show slide 20. Discuss the similarities between mentorship and supportive supervision.

**Supportive supervision**

- Space, equipment and forms
- Supply chain management
- Training, staffing and other human resource issues
- Entry points
- Patient satisfaction

**Clinical mentoring**

- Patient flow and triage
- Clinic organization
- Patient monitoring and record-keeping
- Case management observation
- Team meetings
- Review of referral decisions
- Clinical case review
- Bedside teaching
- Journal club
- Morbidity and mortality rounds
- Assist with care and referral of complicated cases
- Available via distance communication

20

Reference: WHO recommendations for clinical mentoring to support scale-up of HIV care, antiretroviral therapy and prevention in resource-constrained settings. Geneva: World Health Organization; 2006 (<https://apps.who.int/iris/handle/10665/43555/>).

WHO recommendations for clinical mentoring to support scale-up of HIV care, antiretroviral therapy and prevention in resource-constrained settings. Geneva: World Health Organization; 2006 (<https://apps.who.int/iris/handle/10665/43555/>).

- **Although clinical mentoring and supportive supervision overlap considerably, the activities and outcomes are different.**
  - Clinical mentoring focuses on the professional development of health care workers.
  - The clinical mentor must be able to promote a nurturing relationship with the mentee.
  - The goal of clinical mentorship is to improve the ability of individual health care workers to implement clinical care protocols and maintain competence.
  - A supervisory oversight responsibility can confound the mentee/mentor relationship.
  - The role of a supervisor or manager is complementary to that of a mentor.
  - Supportive supervision focuses on the conditions required for proper functioning and organization of care.
  - District supervisory, management or administrative teams do not have the time or experience to be effective clinical mentors.

## 2.10

# Reflection on practice

🕒 10 minutes

### LEARNING OBJECTIVE

Learners can use a method of reflection to critically appraise their positive attributes and identify areas for improvement.

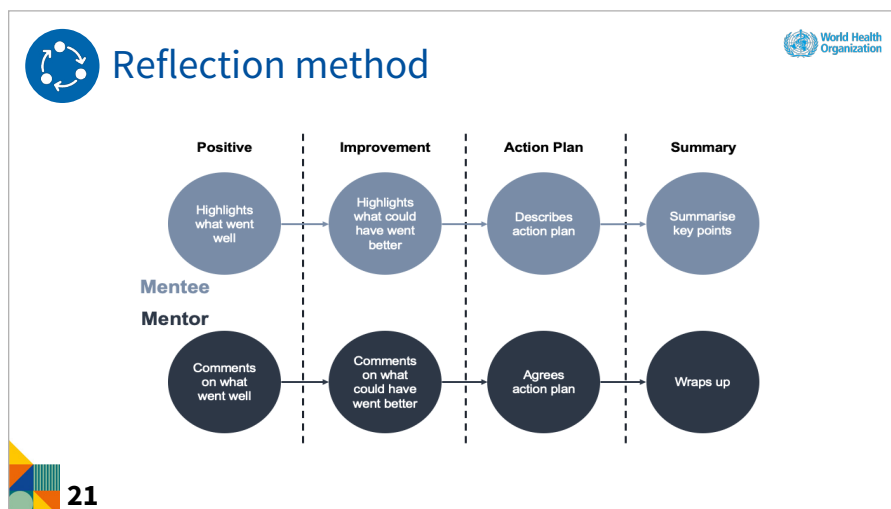
- Explain rationale and how reflection on practice is used in the ECBC.
  - Reflection is a tool which is used to support lifelong learning and improve QoC.
  - There are various reflection methods used by midwifery care providers.
  - Reflection is an intentional process of critically thinking, analysing and learning from experience.
  - Reflection is not meant to find fault or make value judgements.
  - Reflection can be:
    - independently initiated for personal growth
    - used during a team debrief session following a critical event
    - facilitated during mentored clinical practice.



## SHARE

### Facilitating reflective midwifery practice

- Show slide 21. This is one method of reflection that can be used during clinical mentoring or individually.



- The mentor can first ask the learner what they did well; ensure that they identify the strengths and do not stray into weaknesses.
- The mentor can add their own observations, re-enforce positives and use evidence to clarify if needed.
- The mentor can then ask the learner to highlight what could have gone better and ask what they would do differently next time.
- Use the evidence to reinforce what you agree with and add your own observations and recommendations.
- Mentor and mentee discuss and agree on an action plan to continue the positive behaviours and/or strengthen any gaps.
- Summarise key points, get a commitment from the learner and ensure that a timeframe and process for follow-up is agreed.
- Reflection can sometimes be confronting and elicit strong emotions. This is normal, and a safe space for sharing is essential.



## GROUP ACTIVITY

### Practice individual reflection

- Ask learners to individually reflect for up to five minutes on a time in their career when they cared for a woman during labour and childbirth.
- Ask for two or three volunteer learners to share their reflection using the method described previously.
- Facilitate a full group discussion about their experiences of reflection and how they could use this tool in the workplace.



## SHARE

### Close session 2

- Facilitate learners to reflect on and share their learning.
- Respond to final questions.
- Use parking lot as needed.
- Close session.



# Session 3

Getting the foundations right

## **SUB-SESSIONS**

- 3.1 Respectful maternal and newborn care
- 3.2 WASH, IPC and AMR
- 3.3 Evidence-based midwifery care

 1 hour and 40 minutes (including break)





## 3.1

# Respectful maternal and newborn care

🕒 40 minutes

### LEARNING OBJECTIVE

Learners can recognize mistreatment and apply QoC Standards 4, 5 and 6 to ensure respectful care.



## SHARE

### The right to dignified, respectful care

- Show slide 22 and share the WHO statement.



WHO Statement  
The prevention and elimination of disrespect and abuse during facility-based childbirth (2015)

**“Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care.”**

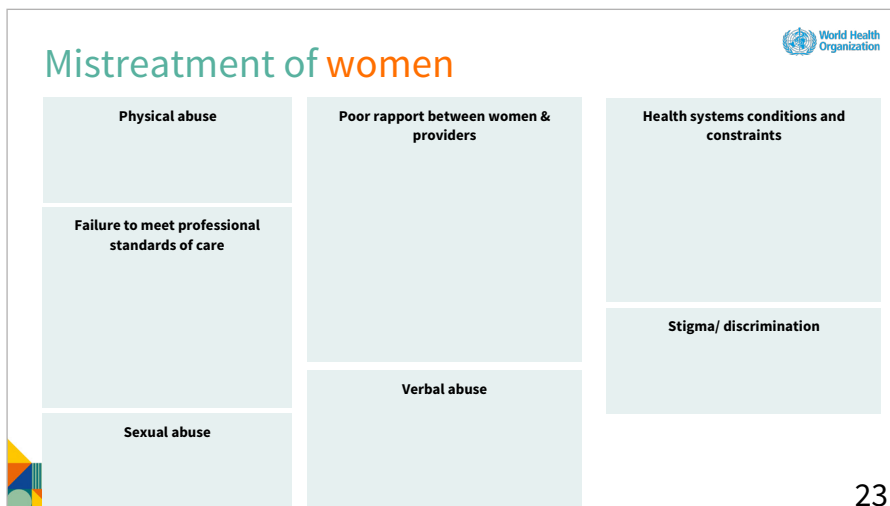
22 Reference: The prevention and elimination of disrespect and abuse during facility-based childbirth. Geneva: World Health Organization; 2015 (<https://apps.who.int/iris/handle/10665/134588>)

The prevention and elimination of disrespect and abuse during facility-based childbirth. Geneva: World Health Organization; 2015 (<https://apps.who.int/iris/handle/10665/134588>).

## GROUP ACTIVITY

### Mistreatment of women and newborns during childbirth

- Explain to learners that this is a 2-4-8-All teaching and learning activity.
- Learners are asked to form two smaller groups of even numbers.
  - Group 1 are allocated the topic mistreatment of women, and group 2 are allocated the topic mistreatment of newborns.
  - Inform learners that they will be asked to reflect on their own personal and/or professional experiences.
  - **2 minutes:** Ask learners to take 2 minutes on their own to reflect:
    - How did it feel when you either provided and/or received respectful care of women/newborns during childbirth and the immediate postnatal period?
    - How did it feel when you either experienced and/or observed mistreatment of women/newborns during childbirth and the immediate postnatal period?
  - **4 minutes:** Then, ask learners to pair with somebody they feel comfortable with, and each share their experiences and reflections for 4 minutes.
  - **8 minutes:** Next, ask the pair of learners to join with another pair to make a group of four. Ask learners to share their experiences and reflections for 8 minutes.
- Show slide 23. Explain example table to learners in group 1 (mistreatment of women).
  - Facilitators explain that the seven blank boxes are categories of mistreatment of women. Learners will use examples from their reflection and discussions to complete the boxes.



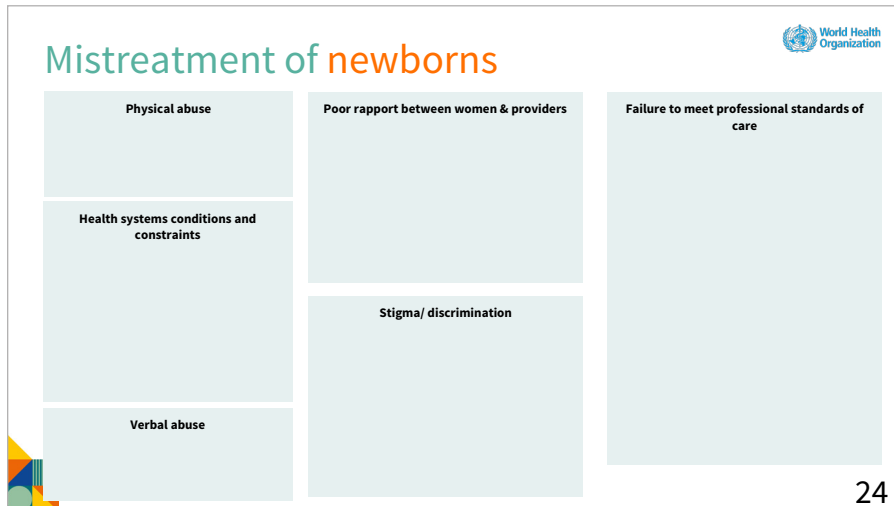
Mistreatment of women

World Health Organization

Physical abuse	Poor rapport between women & providers	Health systems conditions and constraints
Failure to meet professional standards of care		Stigma/ discrimination
Sexual abuse	Verbal abuse	

23

- Show slide 24. Explain example table to learners in group 2 (mistreatment of newborns).
  - Facilitators explain that the six blank boxes are categories of mistreatment of newborns. Learners will use examples from their reflection and discussions to complete the boxes.



## 1

### Prepare for the small group feedback (while learners are in groups)

1. Display your pre-prepared flipchart with the blank boxes on mistreatment of women/newborns.
2. Ask one learner from each group to write an example in one of the boxes of the seven categories of mistreatment of women or six categories of mistreatment of newborns. This can occur simultaneously.
3. Continue asking learners to contribute their examples to the boxes until all categories have at least one example.

## 2

### Facilitator gathers groups for discussion

1. Show slide 25, which demonstrates the evidence of mistreatment that women have experienced.

**Mistreatment of women (examples)**

World Health Organization

- Physical abuse**
  - Beaten, slapped, kicked or pinched during birth
  - Restrained to bed/ gagged
- Failure to meet professional standards of care**
  - Lack of informed consent
  - Breach of confidentiality
  - Painful vaginal examinations
  - Refusal to provide pain relief
  - Neglect, abandonment, delays
  - Absence of skilled attendant
- Sexual abuse**
  - Rape
  - Sexual abuse by a health provider
- Poor rapport between women & providers**
  - Poor communication & objectification
  - Dismissal of women's concerns
  - Language & interpretation issues
  - Poor staff attitudes
  - Denial/ lack of birth companions
  - Women treated as passive participants
  - Denial of food, fluids, mobility, preferred birth position, detainment
  - Denial of safe traditional practices
- Verbal abuse**
  - Harsh or rude language
  - Judgmental or accusatory comments
  - Blaming for poor outcomes
  - Threat to withhold treatment
- Health systems conditions and constraints**
  - Physical conditions of facilities
  - Staffing constraints & shortages
  - Supply constraints
  - Lack or privacy and redress
  - Bribery, extortion, unclear fee structure
  - Unreasonable requests by care provider
- Stigma/ discrimination**
  - Ethnicity/ religion
  - Age, socioeconomic status
  - HIV Status

Reference: Bohren MA, Vogel JP, Hunter EC, Lutsiv O, Makh SK, Souza JP, et al. The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review. *PLoS Med.* 2015; 12(6) (<https://journals.plos.org/plosmedicine/article/file?type=printable&id=10.1371/journal.pmed.1001847>)

2. Compare and discuss.

- What examples did we have that are consistent with WHO evidence on this slide?
- What items did we miss in our discussion?

### 3

## Facilitator gathers group for discussion

1. Show slide 26, which demonstrates the evidence of mistreatment of newborns.

### Mistreatment of newborns (examples)

<p><b>Physical abuse</b></p> <ul style="list-style-type: none"> <li>• Slapping infant or immersing in cold water for resuscitation</li> <li>• Suctioning without medical indication</li> <li>• Unnecessary painful medical procedures</li> <li>• Non-gentle or unsafe handling or shaking of newborn</li> </ul>	<p><b>Poor rapport between women &amp; providers</b></p> <ul style="list-style-type: none"> <li>• Women blamed for poor neonatal outcomes, small infant, female newborn</li> <li>• Unnecessary separation of mother/ parent/ caregiver and newborn</li> <li>• Non-consented treatment of newborn</li> <li>• Lack of breastfeeding, thermal care or other postpartum support</li> </ul>	<p><b>Failure to meet professional standards</b></p> <ul style="list-style-type: none"> <li>• Unnecessary separation</li> <li>• Not enough providers</li> <li>• Lack of/ poor labour monitoring, lack of preparedness for delivery and to receive newborn</li> <li>• No or insufficient efforts to resuscitate</li> <li>• No breastfeeding support</li> <li>• Food restrictions</li> <li>• Fears of lack of privacy, confidentiality with newborns HIV status</li> <li>• Non-consented treatment of newborn</li> <li>• Newborn detained if no payment</li> <li>• Neglect/ abandonment</li> <li>• No analgesic/ palliative care options</li> <li>• Crowded conditions, shared beds</li> <li>• Early discharge from facility</li> <li>• No translation or interpretation services</li> <li>• Unnecessary medical procedures</li> </ul>
<p><b>Health systems conditions and constraints</b></p> <ul style="list-style-type: none"> <li>• Not enough providers for mother - newborn</li> <li>• No/limited skills for newborn care</li> <li>• Unavailable or insufficient equipment for newborn care</li> <li>• Room cold or dirty</li> <li>• Newborn left alone or unattended</li> </ul>	<p><b>Stigma and discrimination</b></p> <ul style="list-style-type: none"> <li>• Discrimination against poor, illiterate, minority, patients</li> <li>• Some babies considered "too sick to save"</li> <li>• Denial or threatened denial of postnatal care because home-born</li> <li>• Denial of vaccination card for home-born</li> <li>• Discrimination against twins</li> <li>• Discrimination against female infants</li> </ul>	
<p><b>Verbal abuse</b></p> <ul style="list-style-type: none"> <li>• Women blamed for poor neonatal outcomes, small infant, female newborn</li> <li>• Small, sick or disabled newborns "defective"</li> </ul>	<p><b>Legal accountability</b></p> <p><b>Bereavement and posthumous care</b></p>	

26 Reference: Sacks, E. Defining disrespect and abuse of newborns: a review of the evidence and an expanded typology of respectful maternity care. *Reprod Health*. 2017; 14, 66. (<https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-017-0326-1>)

1. Compare and discuss.
  - What examples do you have that are consistent with WHO evidence on this slide?
  - What items did you miss in your discussion?
3. Thank all learners for their ideas and experiences and ask them to remember these each time they provide care to women and newborns.

## SHARE

### WHO recommendation on respectful maternity care

- Show slide 27 and emphasize that respectful care of women, newborns and their families can save lives.

**WHO recommendation**  
Respectful maternity care

Respectful maternity care is organized for and provided to all women in a manner that:

- maintains their dignity, privacy and confidentiality,
- ensures freedom from harm and mistreatment, and
- enables informed choice and continuous support during labour and childbirth

**ALL WOMEN HAVE A RIGHT TO A POSITIVE CHILDBIRTH EXPERIENCE THAT INCLUDES:**

- Respect and dignity
- A companion of choice
- Clear communication by maternity staff
- Pain relief strategies
- Mobility in labour and birth position of choice

Reference: WHO recommendation on respectful maternity care during labour and childbirth. Geneva: World Health Organization; 2018 (<https://srhr.org/rhl/article/who-recommendation-on-respectful-maternity-care-during-labour-and-childbirth>)

27

WHO recommendation on respectful maternity care during labour and childbirth. Geneva: World Health Organization; 2018 (<https://srhr.org/rhl/article/who-recommendation-on-respectful-maternity-care-during-labour-and-childbirth>).

## SHARE

### QoC Standards 4, 5 and 6 for a positive experience of care

- Show Standards 4, 5 and 6 on slides 28–30.

Quality of care framework

**Standard 4, Emotional Support**

**Standard 4**  
Communication with women and their families is effective and responds to their needs and preferences.

**Quality statements relevant for this ECBC activity**

**4.1:** All women and their families receive information about the care and have effective interactions with staff.

**4.2:** All women and their families experience coordinated care, with clear, accurate information exchange between relevant health and social care professionals.

28



## Standard 5, Respect and dignity

### Standard 5

Women and newborns receive care with respect and preservation of their dignity.

### Quality statements relevant for this ECBC activity

**5.1:** All women and newborns have privacy around the time of labour and childbirth, and their confidentiality is respected.

**5.2:** No woman or newborn is subjected to mistreatment, such as physical, sexual or verbal abuse, discrimination, neglect, detainment, extortion or denial of services.

**5.3:** All women can make informed choices about the services they receive, and the reasons for interventions or outcomes are clearly explained.



## Standard 6, Emotional Support

### Standard 6

Every woman and her family or the companion of her choice are given emotional support that is sensitive to their needs and strengthens the woman's capability.

### Quality statements relevant for this ECBC activity

**6.1:** Every woman is offered the option to experience labour and childbirth with the companion of her choice.

**6.2:** Every woman receives support to strengthen her capability during childbirth.



## APPLYING THE WHO FRAMEWORK FOR THE QUALITY OF MATERNAL AND NEWBORN HEALTH CARE

### QoC standards for Susan

- Ask a volunteer to read the learning objective to the group.
- Remind learners about Susan.

The group previously discussed Standard 1 for Susan in sub-session 2.3.

*Susan is 31 years old. Susan has come on the bus today with her sister, Elizabeth. She is pregnant with her second child who has remained at home in the care of her mother. Her membranes have just ruptured, and her contractions are mild and irregular. She appears quiet and anxious.*

- Ask learners and facilitators to form four small groups.
- Allocate one QoC statement and corresponding discussion question to each group.

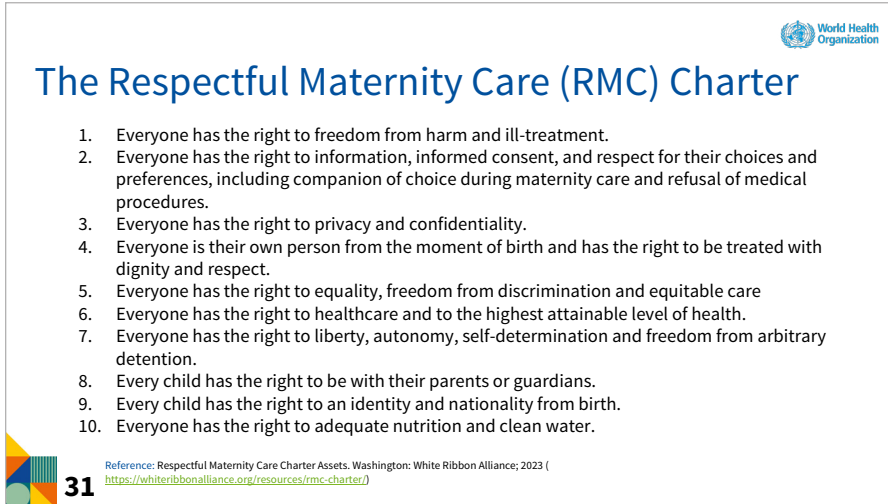
- Ask groups to discuss and answer the question in a way that would best ensure the QoC statement is achieved.
- Gather group and facilitate a discussion about how groups would apply the Standards 4, 5 and 6 for a positive experience of care.


Group activity discussion questions: QoC Standards 4, 5 and 6		
QoC statement		Discussion question
4.1	All women and their families receive information about the care and have effective interactions with staff.	How can you provide Susan and her companion of choice with information about the care she and her newborn will receive, about how the staff will interact with her and about what she can expect from the experience?
4.2	All women and their families experience coordinated care, with clear, accurate information exchange between relevant health and social care professionals.	How will you ensure Susan and her family experience coordinated care, with clear, accurate information exchange between relevant health and social care professionals?
5.1	All women and newborns have privacy around the time of labour and childbirth, and their confidentiality is respected.	How can you make sure that Susan and her newborn have privacy around the time of labour and childbirth? How can you respect their confidentiality?
5.2	No woman or newborn is subjected to mistreatment, such as physical, sexual, or verbal abuse, discrimination, neglect, detainment, extortion or denial of services.	How can you ensure – in your role as a health care worker and a team member in your facility – that Susan and her newborn never experience mistreatment, such as physical, sexual, or verbal abuse, discrimination, neglect, detainment, extortion or denial of services?
5.3	All women can make informed choices about the services they receive, and the reasons for interventions or outcomes are clearly explained.	How can you clearly explain to Susan why an intervention is necessary or why an outcome happened? How can you support Susan to make informed choices about her care and the services she receives?
6.1	Every woman is offered the option to experience labour and childbirth with the companion of her choice.	How will you ensure that Susan has the option to experience labour and childbirth with the companion of her choice?
6.2	Every woman receives support to strengthen her capability during childbirth.	How can you support Susan to strengthen her own capabilities during childbirth?

## SHARE

### The Respectful Maternity Care Charter


- Share slide 31, review the Respectful Maternity Care Charter.



 World Health Organization

### The Respectful Maternity Care (RMC) Charter

1. Everyone has the right to freedom from harm and ill-treatment.
2. Everyone has the right to information, informed consent, and respect for their choices and preferences, including companion of choice during maternity care and refusal of medical procedures.
3. Everyone has the right to privacy and confidentiality.
4. Everyone is their own person from the moment of birth and has the right to be treated with dignity and respect.
5. Everyone has the right to equality, freedom from discrimination and equitable care
6. Everyone has the right to healthcare and to the highest attainable level of health.
7. Everyone has the right to liberty, autonomy, self-determination and freedom from arbitrary detention.
8. Every child has the right to be with their parents or guardians.
9. Every child has the right to an identity and nationality from birth.
10. Everyone has the right to adequate nutrition and clean water.

 **31** Reference: Respectful Maternity Care Charter Assets. Washington: White Ribbon Alliance; 2023 (<https://whiteribbonalliance.org/resources/rmc-charter/>)

Respectful Maternity Care Charter Assets. Washington (DC): White Ribbon Alliance; 2023 (<https://whiteribbonalliance.org/resources/rmc-charter/>).

- Ask if learners are familiar with the Respectful Maternity Care Charter and if it is displayed prominently in their workplace.
  - Explain that learners will be applying the Respectful Maternity Care Charter to their practice in the role plays, simulation and mentored clinical practice in all modules of the ECBC.
- Highlight additional learning resources about respectful maternity care. Refer to the Learner's guide, section 3.1.

### Additional learning resources about respectful care

Forthcoming: WHO Essential Respectful Care Course of the Midwifery Education Toolkit.

UN Human Rights Council. Report of the special rapporteur on violence against women, its causes and consequences on a human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence, Dubravka Šimonović, 11 July 2019, A/74/137. New York: United Nations; 2019 (<https://digitallibrary.un.org/record/3823698>).

Bohren MA, Tunçalp O, Miller S. Transforming intrapartum care: Respectful maternity care. *Best Pract Res Clin Obstet Gynaecol.* 2020;67:113–26. doi:10.1016/j.bpobgyn.2020.02.005.

Bohren MA, Vogel JP, Hunter EC, Lutsiv O, Makh SK, Souza JP et al. The mistreatment of women during childbirth in health facilities globally: a mixed-methods systematic review. *PLoS Med.* 2015;12(6):e1001847. doi:10.1371/journal.pmed.1001847.

Sacks E. Defining disrespect and abuse of newborns: a review of the evidence and an expanded typology of respectful maternity care. *Reprod Health.* 2017;14,66. <https://doi.org/10.1186/s12978-017-0326-1>.

**BREAK 15 minutes**

## 3.2

# WASH, IPC and AMR

🕒 30 minutes

### LEARNING OBJECTIVE

Learners can apply the principles of WASH, IPC and prevention of AMR to a quality improvement process.



## SHARE

Explain the global relevance of WASH, IPC and prevention of AMR to maternal and newborn health

- Show slide 32. Remind learners of the global impact of unclean births.

**The scale of the problem**  
1 million mothers and newborns die each year from preventable infections linked with unclean births

**WASH**  
water, sanitation, and hygiene

- 1 in 4 facilities lack basic water services
- 1 in 10 facilities have no sanitation services
- 1 in 3 (32%) do not have hand hygiene at point of care

**IPC**  
infection prevention and control

- Infections account for 26% of newborn deaths and 11% maternal deaths

**AMR**  
antimicrobial resistance

- Routine prophylactic antibiotic use in over 80% units in some countries
- More likely to die with resistant infections
- WASH prevents antibiotic over use

Reference: World Health Organization, United Nations Children's Fund. Global progress report on WASH in health care facilities: fundamentals first. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/337604>).

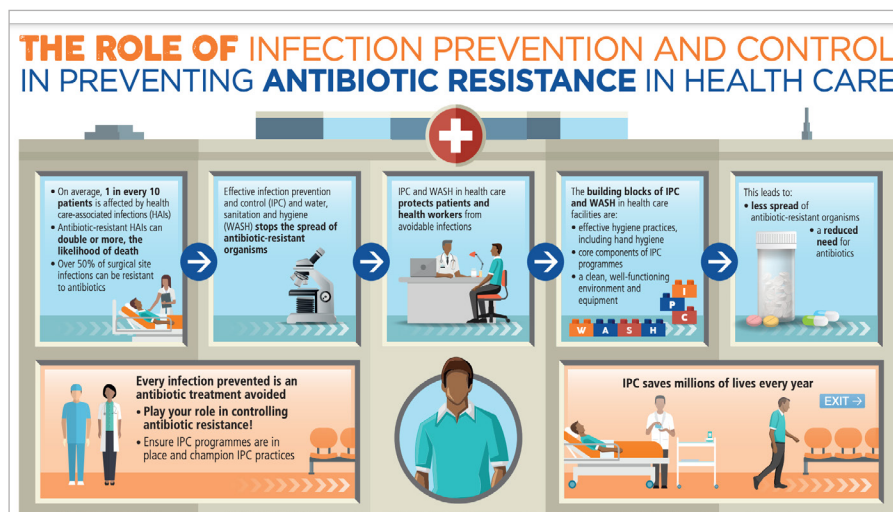
32

World Health Organization, United Nations Children's Fund. Global progress report on WASH in health care facilities: fundamentals first. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/337604>).

- You can share your own slide on national, regional or local facility statistics on WASH, IPC and AMR.

## Key WASH, IPC and AMR practices

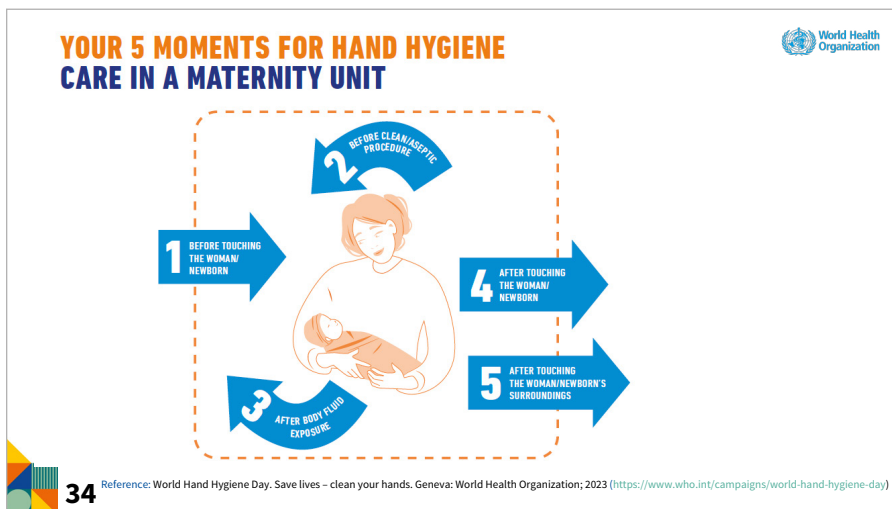
- Congratulate learners who were able to complete the optional hand hygiene course in the pre-course online package.**
  - Ask those who completed the course to share key lessons learnt.
  - Encourage others to complete the online course later.
  
- Show slide 33 to show the relationship between IPC, WASH and AMR.**
  - Ask learners if there are any challenges to linking IPC, WASH and AMR in the facility where you are working



## SHARE

### Your five moments for hand hygiene

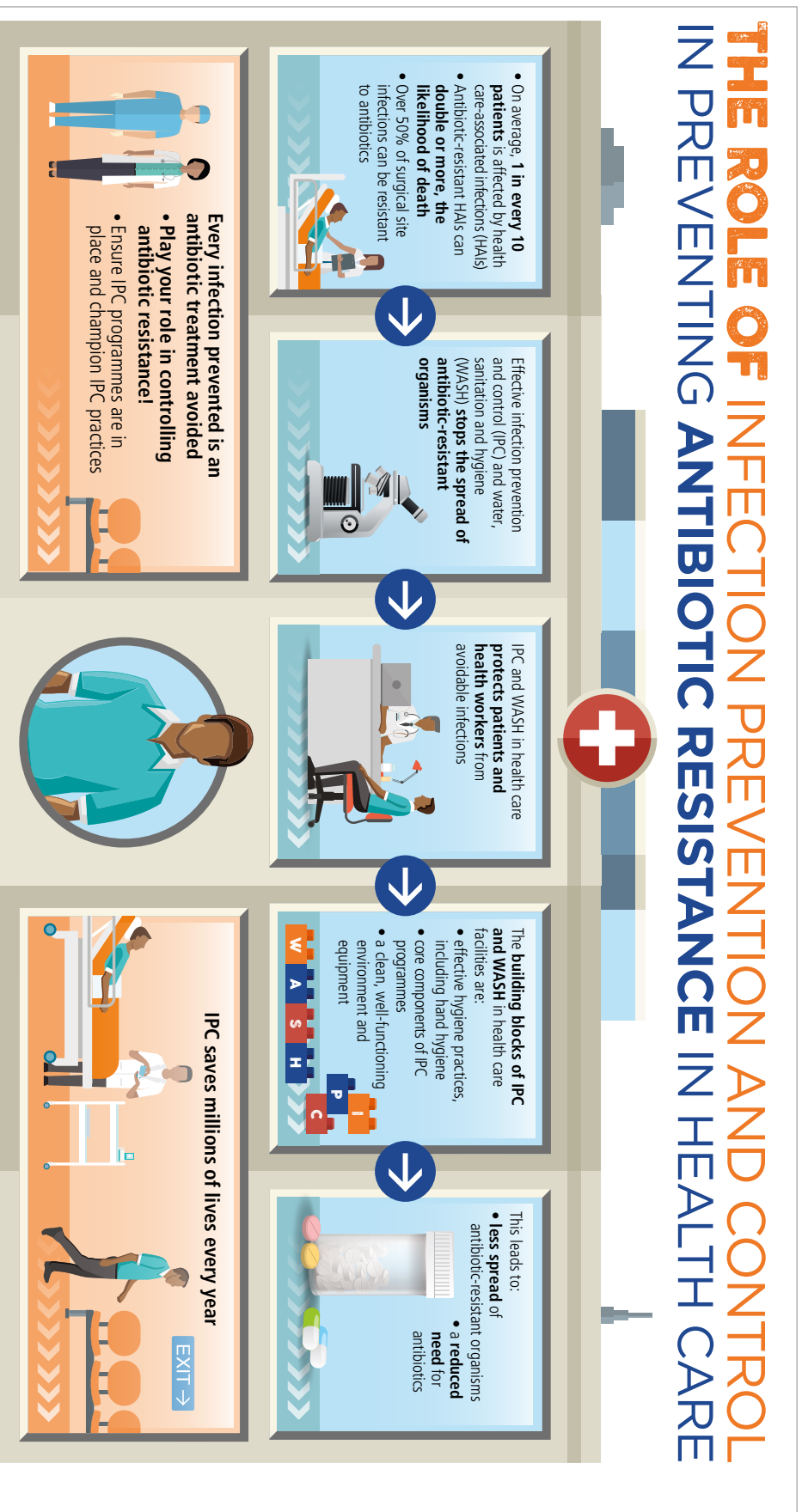
- Show slide 34 and briefly discuss the five moments of hand hygiene.
  - The full infographic has details about each of the five steps. It is available on the following page and in the Learner's guide, section 3.2.



World Hand Hygiene Day. Save lives – clean your hands. Geneva: World Health Organization; 2023 (<https://www.who.int/campaigns/world-hand-hygiene-day>).

Infographics: IPC and AMR. Geneva: World Health Organization; 2023 (<https://www.who.int/teams/integrated-health-services/infection-prevention-control/ipc-and-antimicrobial-resistance>).

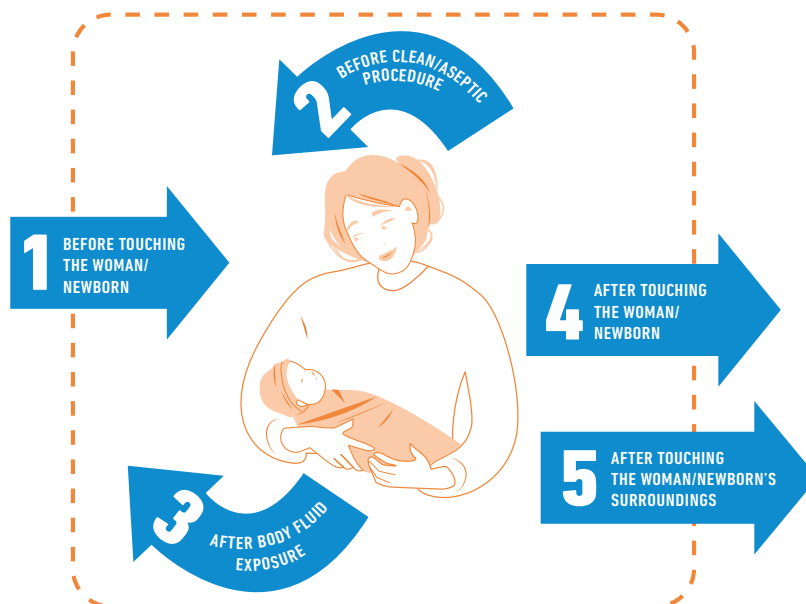
## Resource: The role of IPC in preventing AMR





## Resource: Your five moments for hand hygiene

### YOUR 5 MOMENTS FOR HAND HYGIENE CARE IN A MATERNITY UNIT



- 1** **WHEN?** • Clean your hands before touching the woman or the newborn  
**WHY?** • To protect the woman and newborn against harmful germs carried on your hands  
**EXAMPLES** • Before taking vital signs • Before listening to the fetal heart rate
- 2** **WHEN?** • Clean your hands immediately before performing a clean/aseptic procedure  
**WHY?** • To protect the woman and newborn against harmful germs (including their own) from entering their bodies  
**EXAMPLES** • Before vaginal examination • Before cord cutting and clamping • Before taking blood
- 3** **WHEN?** • Clean your hands immediately after an exposure risk to body fluids  
**WHY?** • To protect yourself and the health care environment from harmful patient germs  
**EXAMPLES** • After vaginal examination • After delivering the placenta • After handling an invasive medical device
- 4** **WHEN?** • Clean your hands after touching the woman or the newborn  
**WHY?** • To protect yourself and the health care environment from harmful patient germs  
**EXAMPLES** • After touching skin • After performing bathing
- 5** **WHEN?** • Clean your hands after touching any object or furniture in the woman or newborn's immediate surroundings, when leaving the room – even if the woman or newborn have not been touched  
**WHY?** • To protect yourself and the health care environment from harmful patient germs  
**EXAMPLES** • After touching the woman or newborn's bed space • After touching woman's chart at the bedside

**Patient zone** – The need for hand hygiene is closely connected with health care workers' activities within the area surrounding each patient, called the *patient zone*, identified by the dotted area. In maternal care, it includes the woman and all inanimate surfaces that are temporarily, but exclusively dedicated to her, including items touched by or in direct physical contact with her. During and after childbirth, it includes both the woman and the newborn and their immediate surroundings.

**Hand hygiene opportunities** – defined as **moments when a hand hygiene action is needed during health care activities, to interrupt germ transmission by hands**. There may be multiple hand hygiene opportunities within the sequence of maternal and neonatal care (e.g. during labour and childbirth); it is extremely important to meet the requirements for hand hygiene despite the high frequency of opportunities, due to high maternal, neonatal and health care worker's infection risk.

**Glove use and the need for hand hygiene** – When an opportunity for hand hygiene occurs while wearing gloves, these should be removed to perform hand hygiene. Gloves should always be changed between patients.

**Standard precautions and cleanliness**

- Ask learners to visit the WHO Pregnancy, childbirth, postpartum and newborn care (PCPNC) guidelines, page A4.
- Show slide 35. Emphasize standard precautions and cleanliness.

Standard precautions and cleanliness

A4

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PRINCIPLES OF GOOD CARE

STANDARD PRECAUTIONS AND CLEANLINESS

**Observe these precautions to protect the woman and her baby, and you as the health provider, from infections with bacteria and viruses, including HIV.**

**Wash hands**

- Wash hands with soap and water:
  - Before and after caring for a woman or newborn, and before any treatment procedure.
  - Whenever the hands (or any other skin area) are contaminated with blood or other body fluids.
  - After removing the gloves, because they may have holes.
  - After changing soiled bedclothes or clothing.
- Keep nails short.

**Wear gloves**

- Wear sterile gloves when performing vaginal examination, delivery, cord cutting, repair of episiotomy or late blood clamping.
- Wear long sterile gloves for manual removal of placenta.
- Wear clean gloves when:
  - Handling and cleaning instruments
  - Handling contaminated waste
  - Cleaning blood and body fluid spills.
  - Drawing blood.

**Protect yourself from blood and other body fluids during deliveries**

- Wear gloves, cover any cuts, abrasions or broken skin with a waterproof bandage; take care when handling any sharp instruments (use good light); and practice safe sharps disposal!
- Wear a long apron made from plastic or other fluid resistant material, and shoes.
- Protect your eyes and mouth from splashes of blood.

**Practice safe sharps disposal**

- Keep a puncture resistant container nearby
- Use each needle and syringe only once.
- Do not recap, bend or break needles after giving an injection.
- Drop all used (disposable) needles, plastic syringes and blades directly into this container, without recapping, and without passing to another person.
- Empty or send for incineration when the container is three-quarters full.

**Practice safe waste disposal**

- Dispose of placenta or blood, or body fluid contaminated items, in leak-proof containers.
- Burn or bury contaminated solid waste.
- Wash hands, gloves and containers after disposal of infectious waste.
- Pour liquid waste down a drain or flushable toilet.

**Deal with contaminated laundry**

- Collect clothing or sheets stained with blood or body fluids and keep them separately from other laundry; wearing gloves or use a plastic bag. **DO NOT** touch them directly.
- Rinse off blood or other body fluids before washing with soap.

**Sterilize and clean contaminated equipment**

- Make sure that instruments which penetrate the skin (such as needles) are adequately sterilized, or that single-use instruments are disposed of after one use.
- Thoroughly clean or disinfect any equipment which comes into contact with intact skin (according to instructions).
- Use bleach for cleaning bowls and buckets, and for blood or body fluid spills.

**Clean and disinfect gloves**

- Reusing gloves is NOT recommended. If it is necessary to reuse gloves because the supply in the health facility is limited, clean and disinfect them.
- Wash the gloves in soap and water.
- Check for damage: Blow gloves full of air, twist the cuff closed, then hold under clean water and look for air leaks. Discard if damaged.
- Soak overnight in bleach solution with 0.5% available chlorine (made by adding 90 ml water to 10 ml bleach containing 5% available chlorine).
- Dry away from direct sunlight.
- Dust inside with talcum powder or starch.

This produces **disinfected** gloves. They are not sterile.

**Sterilize gloves**

- Sterilize by autoclaving.

Reference: World Health Organization, United Nations Population Fund, World Bank, United Nations Children's Fund. Pregnancy, childbirth, postpartum and newborn care (PCPNC): a guide for essential practice, third edition. Geneva: World Health Organization; 2015 (<https://apps.who.int/iris/handle/10665/249580>).

Note: the updated 2022 recommendation is to **clean AND disinfect** all equipment between uses. WHO, WASH FIT, Annex 8: pages 117 - 119

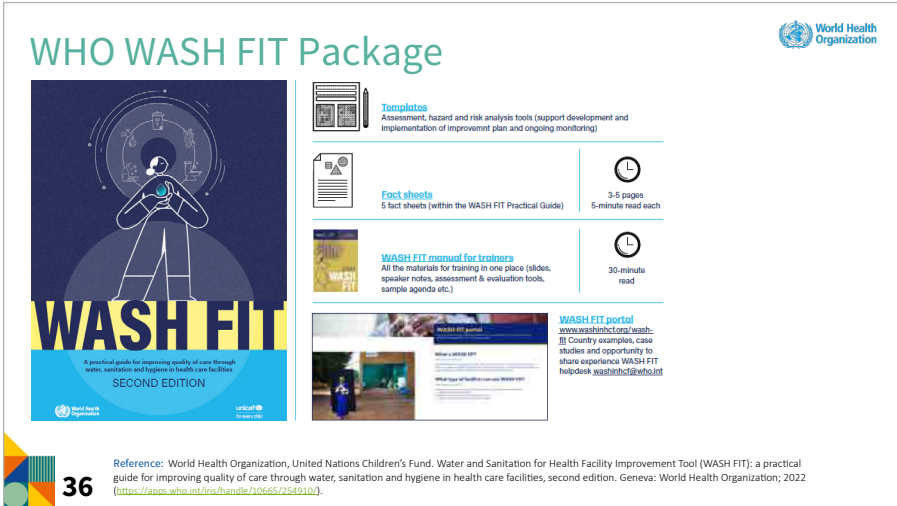
35

World Health Organization, United Nations Population Fund, World Bank, United Nations Children's Fund. Pregnancy, childbirth, postpartum and newborn care (PCPNC): a guide for essential practice, third edition. Geneva: World Health Organization; 2015 (<https://apps.who.int/iris/handle/10665/249580/>).

- Explain to learners that the new recommendation highlights that equipment in contact with non-intact (broken) skin must be cleaned using high-level disinfection or sterilized.
- WHO does **not** recommend reusing latex gloves.

## WHO WASH FIT Package

- Show slide 36. Water and Sanitation for Health Facility Improvement Tool (WASH FIT).



**36** Reference: World Health Organization, United Nations Children's Fund. Water and Sanitation for Health Facility Improvement Tool (WASH FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, second edition. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/254910>).

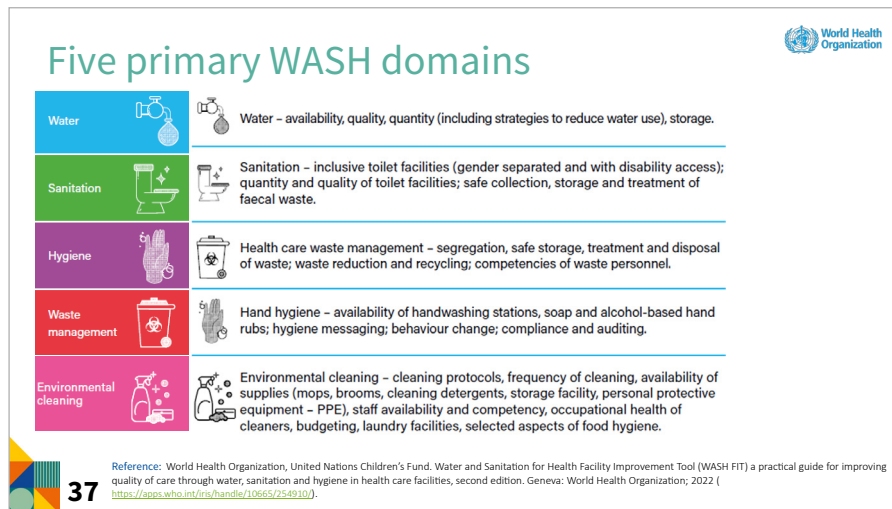
World Health Organization, United Nations Children's Fund. Water and Sanitation for Health Facility Improvement Tool (WASH FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, second edition. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/254910/>).

- Explain to learners that the WASH FIT Package includes step-by-step practical guidance, a training manual, slides, assessment, hazard and risk analysis tools, and fact sheets.

## SHARE





### Five primary WASH domains

- Show slide 37. Primary WASH domains.



**Five primary WASH domains**

World Health Organization

<b>Water</b>		Water – availability, quality, quantity (including strategies to reduce water use), storage.
<b>Sanitation</b>		Sanitation – inclusive toilet facilities (gender separated and with disability access); quantity and quality of toilet facilities; safe collection, storage and treatment of faecal waste.
<b>Hygiene</b>		Health care waste management – segregation, safe storage, treatment and disposal of waste; waste reduction and recycling; competencies of waste personnel.
<b>Waste management</b>		Hand hygiene – availability of handwashing stations, soap and alcohol-based hand rubs; hygiene messaging; behaviour change; compliance and auditing.
<b>Environmental cleaning</b>		Environmental cleaning – cleaning protocols, frequency of cleaning, availability of supplies (mops, brooms, cleaning detergents, storage facility, personal protective equipment – PPE), staff availability and competency, occupational health of cleaners, budgeting, laundry facilities, selected aspects of food hygiene.

37 Reference: World Health Organization, United Nations Children's Fund. Water and Sanitation for Health Facility Improvement Tool (WASH FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, second edition. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/254910>).

World Health Organization, United Nations Children's Fund. Water and Sanitation for Health Facility Improvement Tool (WASH FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, second edition. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/254910/>).

## SHARE

### High-quality WASH, IPC and AMR

- Show slide 38. Additional WASH domains and cross-cutting themes.

**High-quality WASH, IPC and AMR**

**Infrastructure and practice domains**

Two domains needed to support WASH infrastructure and practices:

- Energy and environment – energy supplies and backup, lighting, energy efficiency, ventilation and airflow, control of vectors and other animals that transmit disease, safe management of wastewater and stormwater, aesthetic appearance of the facility.
- Management and personnel – staffing, oversight and coordination, monitoring, reporting, performance review and accountability mechanisms, supportive supervision, training and behaviour change, budgeting, resource mobilization, operation and maintenance.

**Cross-cutting themes**

Two cross-cutting themes, with indicators integrated across the seven domains:

- Climate resilience – reduction of water use, safe water storage, resilient infrastructure, renewable/clean energy, environmentally sustainable waste technologies, waste reduction and recycling, SOPs and plans for responding to extreme weather events, sustainable procurement.
- Equity and inclusiveness – availability of accessible and safe infrastructure for all users; clean birthing environments (birthing rooms, toilets and showers for women delivering); menstrual hygiene management; inclusion of women’s and disadvantaged groups’ voices in planning, decision-making and resource allocation.

38 Reference: World Health Organization, United Nations Children’s Fund. Water and Sanitation for Health Facility Improvement Tool (WASH FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, second edition. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/353411>).

World Health Organization, United Nations Children’s Fund. Water and Sanitation for Health Facility Improvement Tool (WASH FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, second edition. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/353411>).



## POCQI

### Facilitate a POCQI for WASH, IPC and prevention of AMR in health facilities

- Facilitators can use the example of a completed POCQI included at the end of this sub-session to help facilitate this activity.
- Ask learners to form four small groups of equal numbers.
- Direct learners to the resources they need for this activity.
  - The blank POCQI template (refer to the Learner’s guide, section 2.6).
  - World Health Organization, United Nations Children’s Fund. Water and Sanitation for Health Facility Improvement Tool (WASH FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, second edition. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/353411>).
- Ask learners to reflect on their own experience improving QoC through WASH, IPC and prevention of AMR.

- Learners complete the four steps of the POCQI cycle using the blank POCQI template. Refer to 2.6 for the POCQI cycle. For example:**

**Step 1: Identify the problem**

- For example: is there 24-hour access to clean water?
- Who needs to be involved in identifying the problem? Is this a management responsibility or an individual responsibility?

**Step 2: Analyse the problem**

- What are the underlying issues (root cause) that prevent facilities from providing high-quality care through WASH? Refer to the WASH FIT resource.
- What QoC measures can be used to monitor change?
- How will you document change?

**Step 3: What is your suggested action?**

- Is it just ensuring that taps are in working order and toilets are cleaned regularly, or is there more that must be done? How can the WASH FIT resource be used for quality improvement activities?

**Step 4: Sustain improvements.**

- How can you avoid complacency even where the solution is working?



## SHARE

### Learners share their completed POCQI templates

- Ask a representative from each group to share their completed POCQI template.**
- Explain to learners:**
  - this activity is the continuation of their ECBC quality improvement plan;
  - remind learners that there are always opportunities for quality improvement, even when WHO standards are being well applied;
  - throughout the ECBC additional POCQI templates will be developed to support improved QoC;
  - at the end of the course learners will review all their POCQI plans and be asked to prioritize areas for quality improvement;
  - when learners return to their place of work, they are encouraged to discuss the quality improvement plans with the team and, together, decide on solutions, activities and coordination to sustain improvement; and
  - the ECBC encourages learners to develop a culture of continuous quality improvement using the POCQI process.

- **Emphasize that:**
  - WASH, IPC and prevention of AMR are crucial to the safety, quality, equity and dignity of all women and newborns.
  - Remind learners WASH, IPC and preventing AMR are the responsibility of all midwifery care providers.

#### **Additional learning resources about WASH, IPC and prevention of AMR**

Joint WASH IPC AMR Actions. Infographics. Geneva: World Health Organization; 2020 ([https://www.who.int/water\\_sanitation\\_health/joint-wash-ipc-amr-actions-2020.pdf](https://www.who.int/water_sanitation_health/joint-wash-ipc-amr-actions-2020.pdf)).

World Health Organization, United Nations Children’s Fund, WaterAid. Combatting AMR through WASH and IPC in healthcare. Geneva: World Health Organization; 2022 (<https://www.washinhcf.org/resource/combattling-amr-through-wash-and-ipc-in-healthcare/>).

Core competencies for infection prevention and control professionals. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/335821>).

WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP). Wash in healthcare facilities. Geneva: World Health Organization; 2022 (<https://washdata.org/monitoring/health-care-facilities>).

# Resource

## Example of a completed POCQI template for facilitators

POCQI subject	<i>WASH, IPC and prevention of AMR</i>	
<b>Step one: Identify problem</b>	<b>Considerations from the perspective of women and companions</b>	<b>Considerations from the perspective of midwifery care provider</b>
Problem identified	<p><i>No access to clean toilets within the health facility.</i></p> <p><i>No safe drinking water available.</i></p> <p><i>Affraid to catch an infection and become sick.</i></p> <p><i>Health care waste littered in the health facility ground attracts unwanted animals.</i></p> <p><i>Additional cost to provide own safe water for drinking and hygiene needs.</i></p>	<p><i>Unable to provide reasonable sanitation facilities in health facilities.</i></p> <p><i>No safe drinking water available.</i></p> <p><i>Low morale due to dirty or absent toilet facilities.</i></p> <p><i>Lack of PPE increases the likelihood of contracting an infection or transmitting an infection to others.</i></p> <p><i>Routine use of antibiotics after birth increases risk of AMR in the population.</i></p>
Team aim statement	<i>Not Applicable</i>	<i>All midwifery care providers, women and newborns supported to have a clean, respectful and safe environment with access to safe drinking water and clean toilet and hygiene facilities.</i>
Who needs to be involved?	<p><i>Women's representatives and advocates</i></p> <p><i>Community leaders and influencers</i></p>	<p><i>Multi-disciplinary team, facility managers</i></p> <p><i>Agriculture and WASH sector/NGO</i></p> <p><i>Ministries of Health, Agriculture and Finance, Department of Works</i></p>
<b>Step two: Analyse problem and measure QoC</b>		
What is causing the problem? (root cause)	<i>Example: Lack of funding for a technician dedicated to maintaining water and sanitation facilities</i>	
QoC measures and tools	<i>Example: Functioning hand hygiene stations are available at all points of care, including in the delivery room</i>	
Documenting measurement	<i>Example: How are findings shared with the team?</i>	



Step three: Develop the change and test	
Possible changes in your context	<ul style="list-style-type: none"> <li>• <i>Let midwifery care providers, women and families know they have a right to clean water and sanitation.</i></li> <li>• <i>Put up posters in the facility with clear information on WASH, IPC and prevention of AMR.</i></li> <li>• <i>Include WASH, IPC and prevention of AMR as a regular item on meeting agendas.</i></li> <li>• <i>Distribute actions and responsibility among the team to keep workload manageable.</i></li> <li>• <i>Advocate for a WASH, IPC and prevention of AMR champion within your health facility.</i></li> <li>• <i>Develop terms of reference or role description for the WASH champion.</i></li> <li>• <i>Develop activities within facilities to motivate improved quality of WASH, IPC and prevention of AMR. For example, competition between departments for 'cleanest department,' certificates for most active champion, etc.</i></li> <li>• <i>Segregate waste.</i></li> <li>• <i>Install solar energy panels to generate electricity for water pump and install a gravity fed water tank system.</i></li> <li>• <i>Create an enabling environment for change. This may mean making formal changes to existing national or institutional policies.</i></li> </ul>
Actions to test changes – when, where, who?	<ul style="list-style-type: none"> <li>• <i>Regularly monitor indicators of quality WASH, IPC and prevention of AMR and share with staff and facility management.</i></li> <li>• <i>Organize a meeting with the facility management team to discuss budget and facility upgrades to install WASH infrastructure.</i></li> <li>• <i>Print tools available in WASH FIT or download them for mobile friendly digital use.</i></li> <li>• <i>Share ongoing improvements and plans with health facility users.</i></li> <li>• <i>Check progress every 4 weeks.</i></li> </ul>
Step four: Sustain improvement, watch out for complacency	
Review	<ul style="list-style-type: none"> <li>• <i>Perform a monthly collation, review and analysis of data.</i></li> <li>• <i>Keep records of progress and share with the team.</i></li> <li>• <i>Continually review changes, actions and develop a new approach if needed.</i></li> </ul>

## 3.3

# Evidence-based midwifery care

🕒 15 minutes

### LEARNING OBJECTIVE

Learners apply evidence-based care during labour, birth and the immediate postnatal period.



## GROUP ACTIVITY

### What does evidence-based health care mean to you?

- Ask learners to form small groups of even numbers, discuss and answer the guiding questions. Refer to the Learner's guide, section 3.3.
- Guiding questions:
  - What does evidence-based health care mean to you and the midwifery care providers in your facility?
  - How do you know whether you are following evidence-based practice?
  - How do you and your team find, apply and generate evidence to inform midwifery care?
  - For example:
    - number of normal births (without intervention)
    - women's satisfaction with their experience of care
    - number of women who have a routine episiotomy
    - number of newborns who are not separated from their mothers at birth and who, in the first hour, have uninterrupted skin-to-skin contact and initiate breastfeeding
    - Are there additional data collected in your facility?
  - How do you and your team review the data to learn about how the facility is implementing evidence-based recommendations?
- Gather group and facilitate a discussion.
  - Use parking lot as needed to identify opportunities for quality improvement which can be discussed later.

## SHARE

### Evidence-based health care

- Show slide 39. Provide the definition.

World Health Organization

### What is evidence-based health care?

“Evidence-based health care is informed by the best available evidence, the context in which care is delivered, the individual patient, and the professional judgement and expertise of the health professional”

Reference: Facilitating evidence-based practice in nursing and midwifery in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2017 (<https://apps.who.int/iris/handle/10665/353672>).

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Facilitating evidence-based practice in nursing and midwifery in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2017 (<https://apps.who.int/iris/handle/10665/353672>).

- Emphasize that evidence-based health care relies on several factors.**
  - The best available evidence. In the ECBC you will learn about the latest global evidence from WHO and how to apply it.
  - The context in which care is delivered. Contexts will vary globally, and in the ECBC you will develop your own POCQI plan for the environment in which you work.
  - Your professional judgement and expertise and the experience of your team.

## GROUP ACTIVITY

### Susan arrives at the facility in labour

- Ask learners to discuss the questions below in small groups for five minutes and then provide feedback to the larger group:**
  - Who should greet Susan when she arrives at the facility?
  - Who provides the initial assessment of Susan?
  - Who is in the team that cares for Susan?
  - How is the care for Susan coordinated within the team?

## SHARE

### WHO recommendation on midwife-led continuity of care models

- Show slide 40. WHO recommendation on midwife-led continuity of care models.

WHO recommendation on midwife-led continuity of care models

Midwife-led continuity-of-care models, in which a known midwife or small group of known midwives supports a woman throughout the antenatal, intrapartum and postnatal continuum, are recommended for pregnant women in settings with well functioning midwifery programmes.

Reference: Intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/>).

40

Intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/>).

## SHARE

### Midwife-led continuity of care improves outcomes

- Show slide 41. Highlight the evidence.

Midwife-led continuity of care improves outcomes

Women who received models of midwife-led continuity of care

- 7x more likely to be attended at birth by a known midwife
- 16% less likely to lose their baby
- 19% less likely to lose their baby before 24 weeks
- 15% less likely to have regional analgesia
- 24% less likely to experience pre-term birth
- 16% less likely to have an episiotomy

Women's experience

Women attended at birth by a known midwife reported higher ratings of maternal satisfaction with...

- Information
- Advice and explanation
- Advice and explanation
- Preparation for labour and birth
- Choice for pain relief
- Feeling in control

Reference: Framework for action. Strengthening quality midwifery education for Universal Health Coverage 2030. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324738/>).

41

Framework for action. Strengthening quality midwifery education for Universal Health Coverage 2030. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324738/>).

- Ask learners if there is a model of midwife-led continuity of care where they are working.**
  - If yes, what are the benefits? Are some of them the same as in the slide?
  - If no, would a midwife-led continuity of care model be feasible?
- Remind learners that the ECBC will use three different scenarios to simulate continuity of care:**
  - Susan, her companion of choice Elizabeth and newborn Sophia
  - Fatima, her companion of choice Atif and newborn Jamal
  - Meena, her companion of choice Priya and newborn Aarush.
- Highlight additional learning resources about evidence-based care.** Refer to the Learner's guide, section 3.3.

#### Additional learning resources about evidence-based care

Renfrew MJ, Homer C, Downe S, McFadden A, Muir N, Prentice T et al. Midwifery: an executive summary for The Lancet's Series. Lancet. 2014; 384:8. [https://www.thelancet.com/pb/assets/raw/Lancet/stories/series/midwifery/midwifery\\_exec\\_summ.pdf](https://www.thelancet.com/pb/assets/raw/Lancet/stories/series/midwifery/midwifery_exec_summ.pdf).

WHO recommendations on antenatal care for a positive pregnancy experience. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/250796/>). See pages 85 and 89–90.

World Health Organization, United Nations Population Fund, United Nations Children's Fund, International Confederation of Midwives. Framework for action: strengthening quality midwifery education for universal health coverage. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324738/>).

WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/260178/>). See recommendation 4, page 34.

## SHARE

### Close session 3

- Facilitate learners to reflect on and share their learning.**
- Respond to final questions.**
- Use parking lot as needed.**
- Close session.**



# Session 4

What do we mean by 'midwifery'?

## **SUB-SESSIONS**

- 4.1 Understanding the elements of midwifery care
- 4.2 Close module

 40 minutes







# 4.1

## Understanding the elements of midwifery care

🕒 30 minutes

### LEARNING OBJECTIVE

Learners can identify and apply all elements of midwifery care to the Quality Maternal and Newborn Care (QMNC) framework.



### GROUP ACTIVITY

#### What does midwifery care mean to you?

- Ask learners to form small groups. For 10 minutes, discuss: what does midwifery mean to you?
- Ask learners to feedback to the full group.



### SHARE

#### Describe the elements of midwifery care

- Show slide 42 and describe the elements of midwifery care.

**Midwifery is:**

Skilled, knowledgeable, and compassionate care for childbearing women, newborn infants and families across the continuum throughout pre-pregnancy, pregnancy, birth, postpartum and the early weeks of life.

**Core characteristics include:**

- optimising normal biological, psychological, social and cultural processes of reproduction and early life,
- timely prevention and management of complications,
- consultation with and referral to other services when needed,
- respecting women's individual circumstances and views,
- working in partnership with women to strengthen women's own capabilities to care for themselves and their families.

Reference: Framework for action. Strengthening quality midwifery education for Universal Health Coverage 2030. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324738/>).

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Framework for action. Strengthening quality midwifery education for Universal Health Coverage 2030. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324738/>).

- Emphasize that midwifery:**
  - puts the woman, newborn and family at the centre of care; and
  - develops meaningful, respectful relationships with women and their families throughout pre-pregnancy (including sexual and reproductive health), pregnancy, birth, postpartum and the early weeks of life.

## SHARE

### Who provides midwifery care?


- Ask learners to reflect: who is providing midwifery care where you are working?**
- Show slide 43 and invite a short, large group discussion about who provides midwifery care in their workplace.**



### Who provides midwifery care?

“Midwives, when educated to international standards of midwifery, are able to provide the full scope of interventions needed when they are licensed, regulated, fully integrated into a well-functioning health system and an interprofessional team with referral services when required for emergencies.”

Reference: Framework for action. Strengthening quality midwifery education for Universal Health Coverage 2030. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324738/>).



Framework for action. Strengthening quality midwifery education for Universal Health Coverage 2030. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324738/>).




## GROUP ACTIVITY

### Quality Maternal and Newborn Care (QMNC) Framework


1

#### Prepare for the activity

- Show slide 44 and describe the QMNC framework.
- Place two blank copies of the framework template on a flip chart or provide groups with copies. Refer to the Learner's guide, section 4.1.

Quality Maternal and Newborn Care (QMNC) framework (blank template) 

Practice categories	For all childbearing women and infants	For childbearing women and infants with complications
Organization of care		
Values		
Philosophy		
Care providers		

 **44** Reference: Framework for action. Strengthening quality midwifery education for Universal Health Coverage 2030. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324738/>).

Framework for action. Strengthening quality midwifery education for Universal Health Coverage 2030. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324738/>).

1. Ask learners to divide into two groups.
  - Group 1 will complete the activity from the perspective of Fatima, a woman in early labour.
  - Group 2 will complete the activity from the perspective of a midwifery care provider.
  - Refer learners to the full page version in the Learner's guide, section 4.1.

## 2. Ask a learner to introduce Fatima to the group.

*Fatima is 27 years old and has a minor vision impairment but is otherwise healthy. She is pregnant with her third baby. Fatima has been attending the local midwife-led clinic for antenatal care, and the midwives are from Fatima's community. Fatima and her husband Atif planned their third pregnancy and know the midwives because the midwifery team cared for them when their two previous children were born. They are confident that the midwives understand their physical, emotional and cultural needs. Fatima, Atif and the midwives have together developed a birth plan for their third baby.*

*Fatima had no problems during her previous pregnancies and births. She breastfed both her children for more than 12 months. The midwives confirmed with Fatima that she is aware of the signs of early labour and knows when to come to the health facility. Fatima and Atif live 20 km from the district hospital, and they have arrived by car now that Fatima is having regular, painful contractions. Atif is Fatima's labour and birth companion of choice.*

*We will also be returning to Fatima, Atif, and their newborn throughout the ECBC modules*

## 2

### Group 1: From the perspective of Fatima

#### 1. What does Fatima need to ensure the health of herself and her baby during labour, childbirth and the immediate postnatal period?

- From the perspective of Fatima, use your experience and critical thinking skills to complete the blank QMNC framework categories from slide 39.

#### Discussion questions

##### Practice:

- What information does Fatima need during labour, childbirth and the immediate postnatal period?
- Fatima has a right to informed consent. What does Fatima need to do so that that all examinations and procedures are carried out with her permission?
- How can the results of examinations including blood and urine tests, vital signs, emotional status, abdominal palpation and vaginal examination be clearly explained to Fatima?
- Fatima has previously had two normal pregnancies and births. What questions could Fatima ask about what may be different during this pregnancy and birth?
- What would Fatima want to know about complications and when there might be a need for referral to a higher-level facility?

### Organization of care:

- What decisions might Fatima have made about choosing the place of birth for her current labour and childbirth? For example, why she might prefer care during labour and birth close to home, or why might she choose to travel to a higher-level facility with more comprehensive services?
- What factors might Fatima consider in terms of QoC? For example, the environment, respectful midwifery care, the opportunity to have a companion of choice at birth?

### Values:

- Is it important for Fatima to have care in a facility where her views will be respected?
- How important is it for Fatima to have choices? For example, whether she can adopt the position of her choice during labour and birth, whether she can have privacy, whether she can have a birth companion of choice?

### Philosophy:

- Is it a priority for Fatima to receive care in a facility where her cultural beliefs are respected?
- How important is it for Fatima to have the same midwifery care provider through her labour and childbirth?
- Does Fatima feel enabled to have a voice and be in control of the care she receives?

### Care providers:

- How can Fatima express her preference about which cadre or gender of midwifery care provider cares for her during labour and birth?

## 2

### Group 2: From the perspective of the midwifery care providers

1. As a midwifery care provider, how do you ensure Fatima is provided with quality care and has a positive experience of care?
  - From your perspective as a midwifery care provider, use your experience and critical thinking skills to complete the blank QMNC framework.

### Discussion questions

#### Practice:

- What can you do to promote normal labour and birth, prevent unnecessary interventions and manage complications during your care of Fatima?

- What do you think are your main responsibilities in providing care to Fatima that accommodates her visual impairment?
- Should complications happen, what is the referral plan where you work?

#### **Organization of care:**

- What actions do you take so that the midwifery care for Fatima is available, accessible, acceptable and of good quality?
- Do you have opportunities for continuing professional development to make sure that the care you give is based on the most up-to-date evidence?

#### **Values:**

- Have you ever been thanked by a woman for the respectful care you provided?
- How do you think you could ensure respectful care for Fatima?
- Are you able to support a woman who wants a labour and birth companion of her choice and to choose her position while giving birth?
- How could you modify your care provision to meet Fatima's needs?

#### **Philosophy:**

- Is the strengthening of Fatima's own abilities during labour and childbirth – through your care – something you would take pride in?
- When you are with Fatima, how would you support her cultural, emotional and physiological needs?
- How would you promote normal labour and birth, and prevent any unnecessary intervention, while caring for Fatima?

#### **Care providers:**

- In addition to your clinical knowledge and skills, how do you listen and communicate in a culturally sensitive way?

### **3**

#### **Full group discussion**

1. Ask the small groups to share key insights from their completed framework tables.
2. Thank learners for thinking critically about what women and their newborns need and for contributing to the activity.

## QMNC framework

- Show slide 45 and compare learners' frameworks to the pre-filled table.

### Quality Maternal and Newborn Care (QMNC) framework


	For all childbearing women and infants			For childbearing women and infants with complications	
Practice categories	Education Information Health promotion	Assessment Screening Care planning	Promotion of normal processes, prevention of complications	First-line management of complications	Medical obstetric neonatal services
Organization of care	Available, accessible, acceptable, good-quality services – adequate resources, competent workforce Continuity, services integrated across community and facilities				
Values	Respect, communication, community knowledge, and understanding Care tailored to women's circumstances and needs				
Philosophy	Optimizing biological, psychological, social, and cultural processes; strengthening woman's capabilities Expectant management, using interventions only when indicated				
Care providers	Practitioners who combine clinical knowledge and skills with interpersonal and cultural competence Division of roles and responsibilities based on need, competencies, and resources				

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Reference: Framework for action. Strengthening quality midwifery education for Universal Health Coverage 2030. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324738/>).

Framework for action. Strengthening quality midwifery education for Universal Health Coverage 2030. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324738/>).

## 4.2

# Close module

 10 minutes



## SHARE

### Review the parking lot and invite final reflections

- Review the parking lot and address any unanswered questions.
- Ask learners if they have any final reflections on the module.
- Ask one volunteer to prepare a summary of three key points from this module to share before the start of the next module.
- Ask all learners to complete the anonymous feedback form at the end of the module and return to the facilitator(s). Available in the Learner's guide, section 4.2.
- Thank all learners for their engagement and remind learners of the schedule for the next module.



## PREPARE

### Prepare for the next module

- Refer learners to the schedule and timing of the first session of the next module. Highlight any pre-course preparation activities.
- Facilitator(s) to refer to the schedule to prepare for the next module.
- Familiarize yourself with the teaching and learning material in the next module.
- Prepare teaching and learning resources for learners.



# Resource

## ECBC Module 1: Introduction

### Learner feedback form

Date:

Please indicate how you found your learning experience.

	Excellent	Good	Fair	Poor
1. Content				
2. Rhythm/pace				
3. Length of module				
4. Teaching and learning resources				
5. Activities				
6. Learning environment				
7. Facilitator knowledge and skills				

Please add any other comments (for example, what you found most useful and what you thought was missing):

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**Thank you for your feedback!**  
**It will help us improve the course.**

# CERTIFICATE OF PARTICIPATION

Awarded to:

\_\_\_\_\_

Awarded by:

\_\_\_\_\_

Acknowledging participation in \_\_\_ hours of continuing professional development

## WHO Essential Childbirth Care Course (ECBC)

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**FOR MORE INFORMATION, PLEASE CONTACT:**

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Adolescent Health and Ageing (MCA)  
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Ch-1211 Geneva 27, Switzerland  
website: <https://www.who.int>

