Report of 3rd Midwifery Visit to Lailenpi Myanmar(Burma) Oct 2014

The usual bridge was broken, we had luxury of crossing this bridge on foot, but the bikers had to face the hazards of a fast flowing river, carrying the bikes on poles.

Background

An assessment visit in 2013 to Lailenpi in Chin State Myanmar (Burma), was followed up in March 2014, with the implementation of an education programme for the Midwives and Traditional Birth Attendants (TBAs) from the region.

A tailor-made programme that is: evidence based; relevant to local needs and constraints, and that can be readily implemented into practice, was devised by us. The programme is flexible and can be adapted to local variations as needed, and as our knowledge and understanding of Midwifery working practices increases.

Teaching resources include: practical aids such as doll and pelvis, resuscitation doll/ambubag also simple visual aids such as blown up balloon to represent uterus or breast; pictures/posters and powerpoint presentations (mainly pictorial to overcome illiteracy and some text translated into the local Mara language). We have been donated a mini, chargeable projector that can be used even without continuous electricity. We also provide each student with a hard copy of all learning materials to form a reference tool and for dissemination to others on return to villages. We have now provided 30 Birthbags containing essential, basic delivery and emergency equipment.

Objectives from 2nd visit

- Proposals from the March visit were to continue working with the original group of TBAs, delivering updates and new materials, and to invite a new group of 40 TBAs to the next training in October 2014. The objective for combining groups is for all 80 to share knowledge, for mutual support and to encourage open problem solving.

- Dr Sasa had also requested that we educate student Community Health Workers (CHW) in core midwifery topics in order to enable them to work more effectively alongside TBAs especially in emergencies.
- To provide a hard copy of all training material for each student.
- To provide every TBA and Midwife with a Birthbag – equipment to be sourced in neighbouring India, reducing costs and transportation problems.
- To collect data, on practice outcomes, from the participants in March and to introduce evaluation forms for this training.
- To identify some suitable TBAs who could participate in a future *train the trainer* programme in order to roll out this education more sustainably.
- To meet with the Women's Group to involve them with the midwifery education project – they have a large influence in raising health awareness at a local level – so teaching basic health, hygiene, nutrition and urgent signs would be a very useful way of delivering basic parent education.

The journey to Lailenpi proved difficult due to an unexpectedly late monsoon leading to a muddy and slippery motorbike journey. The rivers were high, difficult to cross and infested with leeches.

Frances and Joy receiving a gift of an egg from a Traditional Birth Attendant. Seeing baby Peter and his mother, whose birth we had attended in February

Outline of work:

25 TBAs from the original group returned and 40 new TBAs. Some of the participants were unable to come as they were fully occupied with the rice harvest – in future it would be better to avoid this time. There were also 230 Community Health Workers (CHWs), so the education reached around 300 people. Some of the CHWs missed the beginning, having been lost on their 10 day walk to reach Lailenpi.

The team for this visit comprised of midwife, Frances Barnsley, and doctor, Joy Wright, both having made previous educational visits to Lailenpi.

The main areas of focus:

1. Joint education of Midwives, TBAs and CHWs - including simulation practice of emergency breech deliveries, shoulder dystocia, haemorrhage and infant resuscitation. Also hand washing, family planning and breast feeding.
2. Reflection/discussion allowing opportunities for Midwives and TBAs to discuss practice and experiences and for gathering feedback and data that was requested on last visit.
3. Introduction to Suturing – both theory and practical
4. Planning initiatives for meeting with women in home villages to deliver programmes on family health education
5. Delivering a new, simple documentation package for record keeping during the antenatal, labour and postnatal period. TBAs have not kept records in the past. The yellow record books that were given out at the last training were brought back by the initial group. The task of recounting all the care they had given and the birth stories had been really enjoyed by TBAs. They felt a greater sense of purpose and had kept simple records very carefully. Therefore it was appropriate to be introducing a more advanced record keeping tool at this stage. Midwives already use government generated notes, similar to what is used in the UK and they were able to help the TBAs to practice filling in the forms, which was done during simulated practice sessions/role plays.
6. All students received the newly produced book compiling all the training material developed by Maaike Carter and Frances Barnsley, and translated by Dr Sasa into the Mara language - an excellent resource for them all, now and for future visits.

Suturing practice with banana skins

Meeting with the Women's Group

One if the objectives from the previous visit was to meet with the women's group to better understanding their role in the community, with a view to using this as an avenue of disseminating basic health education.

The motto of the Lailenpi Womens group is - **"Women's development and Women's peace."**

They are a collective group representing women in the church and government. There are 30 executive members and 500 other members. They meet once a month.

Groups were formed in remote places where development, education, health care and food supply can be a major problem. Groups distribute food to poor people who are struggling to feed their families. They also contribute financially for the running of the local orphanage. They have a sense of responsibility for local families especially if a parent has been lost they will buy food and help out in an emergency.

Another important aspect of their work has been to set up Micro credit system, where village women can obtain credit to set up a small business. The money has to be paid back in 6 months and the profits reinvested. They have helped local women to build and set up a local market.

One current local problem is that of alcohol, which has come into the village. The women think it has come in from the army, and because of this there have been fights between local boys and the army.

During the meeting, the Women's Group were shown samples of teaching materials, including the birth of a baby using the doll and pelvis, which was fascinating for them. On being asked what we could do for them, they asked for-

- Information on Women's health, including sexual information
- Care for pregnant women to change attitudes of people to the importance of a healthy mother and baby
- Educating the family
- Education on Alcohol and associated violence
- Domestic violence and child abuse.

This was an extremely valuable meeting and shows how the local women are working hard to improve life for the local community.

Meeting with the Midwives

Meeting the midwives separately from the TBAs was a valuable opportunity to explore how they work together. The training of a midwife lasts 18 months (not 3 years as previously understood). Students must deliver 40 babies and develop skills such as suturing and IV access/drips. They train in Yangon.

We wanted to establish if the training programme was at the right level for them. They responded positively expressing that there is much new material and some topics are good refreshers, furthermore, the practical skills are very important to them.

On asking about their relationship with the TBAs they said that they learn from each other, there is a lot of respect for the TBA from the midwives as they rely on them to give most of the care as there are so few midwives. The midwives are paid by the government and have to go where they are sent. TBAs are unpaid and stay in the villages, so they are a stable force. Midwives obtain a small amount of equipment from the government, but not enough. Mostly they have to buy their own. They order this from Matupi. Sometimes NGOs provide some resources. One pack of suture thread, designed for single use, is often cut into pieces for use on several women. Equally, suturing often does not take place for lack of equipment. The TBA must buy all her equipment, so the birth bags that we have provided are invaluable.

All the TBA received Birthbags except the ones that had not delivered any babies yet. They will have one on their return visit.

Outcomes

Evaluation Forms

We used 2 evaluation forms, one to gather feedback on the education programme, the other to gather data on labour and birth outcomes. 45 forms were returned from both Midwives and TBAs, including 5 from new TBAs who have not yet had any births.

All the filled in forms said that the programme was very useful. Examples include: "all wonderful lessons", "we want to learn more and more", and "we were blind, but now we are better informed". Many TBAs stated that this was the first education they had received. They were very positive on the experience of shared learning with the midwives and had gained in confidence.

Most useful aspects of the programme were: safe delivery of the placenta; prevention and control of haemorrhage; the health benefits of skin to skin contact for mother and baby; hand washing, and infant resuscitation; practical sessions and understanding the mechanics of labour and birth.

How will knowledge be shared? Most participants said they would share it with the women in their village.

Requests for future topics? Information on miscarriage; use of medication; IV access and management of drips, early pregnancy problems.

Feedback on practice, since the previous training: Midwives and TBAs were asked to discuss the difficulties they had encountered since the February visit and also the experience of record keeping in the yellow books, recording any care and births they had done.

All of the TBAs/Midwives, as previously, were keen to share their stories and were open and honest about their difficulties. This is an important part of learning and problem solving, and it helps us to develop greater understanding of the environment for future working.

Examples/experiences of practice and outcomes:

- Mouth to mouth infant resuscitation session had helped a TBA to save a baby's life, a skill not previously known.
- A woman that laboured for many days was eventually carried for a whole day to get to a hospital in India, she was shouting and crying for much of the time, the baby was dead inside her and decomposed on delivery by caesarean section. The mother survived, only because antibiotics were available.
- Another woman who laboured for 3 days, the umbilical cord came so the TBAs replaced it as taught, but delivery the baby's head took too long and both mother and baby died.
- On our last visit, all TBAs were given a pinnard stethoscope and taught how to listen to the baby's heartbeat. A TBA told the group that when a well mother came to see them for an antenatal check as taught, no heartbeat was heard and no fetal movements felt, so they listened again, the baby was dead. The mother was bleeding as she walked home. The TBA realised that the baby's arm had come out and, because she had learned the correct manoeuvres for shoulder dystocia, she felt confident enough to put her hand in to help baby out. The mother survived. She said she thinks the mother would have died if she had not had the training.
- Another TBA asked if we could practice delivering a breech baby again. When she was delivering a breech baby, it took her along time to get the arms out that were above the baby's head, so it died. She thinks it would really help to have more practice.
- The TBA also talked about how the slower delivery of the placenta had worked well for them and there had been less bleeding.

All these stories provoked much discussion and are so valuable as a learning tool, helping practitioners to realise they are not alone in facing such difficulties in a remote area. It is also a time to encourage them and commend their bravery in the work they do. It was suggested that on return to their villages it would be important, where possible, to take time to write down the stories of difficult births and also the positive outcomes, so that they can reflect on their experiences and consider what they would do in similar situations. Participants agreed this would be, time allowing, a useful practice as it would help them remember in future situations.

Additional data from evaluation forms:

- Average age of TBA/Midwife, 37 years (18-60years)
- Average number of years working = 19.6 years.
- Total approx no of deliveries = 390 per year.
- Average number of babies delivered per TBA/Midwife = 9.75 (lowest number =0)
- Average no of pregnant women cared for = 430 (each person cared for approx 10.8 women)

Some data has not been included as this second evaluation form has proved difficult to analyse. Some of the questions have either been mistranslated or misunderstood. Future data capturing tools will reflect this and be suitable amended. We recognize the need to spend time helping TBAs/Midwives to give this information as this was their first experience of completing a form such as this. As this is an important tool for future evaluation of the programme, we will prioritise this and spend more time on it on the next visit.

Next Steps

- To organise a system for delivering more equipment and record keeping notes to TBAs and Midwives from Lailenpi.
- To develop the educational materials on requested topics.
- To continue with the model of bringing back the previous group to join a new group as gathering evaluation and data is invaluable. TBAs and midwives can also exchange ideas and learn from each other.
- To include the women's group in some of the education programme, as they are also key to promoting women's health.
- 5 TBAs have been identified for a *train the trainer* programme.

Reflections

Despite the difficult journey, and the large number of students, the programme was successful and enjoyable. The CHWs benefitted from joining in with the midwifery training and practical sessions and will be able to implement this knowledge into future practice. It was also important to give TBAs and midwives separate training as their knowledge base and experience is very different from the CHWs. It also helps them to feel valued and gives opportunities to discuss practice needs and to share knowledge.

The programme that has been designed for Lailenpi, Chin State, is giving students and more experienced practitioners the knowledge to develop effective, evidence based, practical skills that are needed for them to work more safely in such a remote area. They are brave people who have to cope with emergencies in difficult conditions, and with no equipment. Aware of the limitations of both the environment and their own knowledge, their thirst for more education to increase their skills and improve outcomes for mothers and babies is amazing. We plan to continue to develop the programme in line with their needs.

Frances Barnsley, October 2014

Return journey: a loyal driver on a much needed break.