

## Short Report - 2<sup>nd</sup> Visit to Myanmar, 14<sup>th</sup> to 27<sup>th</sup> February 2014



For this second visit we developed an educational programme to meet the requested needs of the midwives and TBAs. We took a booklet, mostly pictorial of all the translated teaching resources so that it could be used as a reference and shared with others TBAs in their local villages. A selection of other learning aids were also put together, this included a Birthbag which contained basic equipment for clean safe birth.

We introduced a basic record keeping tool, we assume that we will not get 100% return but any records that are kept will not only support individual practice, but also will give valuable information, and provide baseline date of outcomes and assessment of practice.



We did lots of simulated practice in obstetric scenarios which are an important feature of the training programme to synthesise knowledge, in particular to reinforce the management of obstetric emergencies and neonatal resuscitation (including mouth-to-mouth, in the absence of ambubags).

The midwives and TBAs received a Certificate of Attendance, which will help raise their profile in the villages on their return. Several cried on our departure saying that they had received so much help and were longing for continued support.

Given the inadequacy of current health provision in this region and the lack of infrastructure, by working closely with the TBAs and Midwives, it is possible to influence practice at a local level with immediate effect. In current conditions with the absence of drugs and medical input, the basic skills of the practitioner are paramount. BirthLink's philosophy is to enable practitioners to develop effective, evidence based, practical skills that do not require expensive or sophisticated technology but have an essential role in reducing maternal and infant mortality and morbidity.

### **Next Steps**

We plan to return in October 2014 when the rainy season has finished.

Whilst continuing to work with our original group we will identify a new group of Midwives and TBAs and deliver the basic programme to them, including donation of materials and Birthbags. We aim for there to be overlap between the groups so that there can be some joint education and shared knowledge and problem solving. One off training is likely to be of little benefit and our experience in Mongolia has shown that ongoing work with the practitioners ensures lasting improvement to care.



Peter safely delivered by his midwife 22<sup>nd</sup> February, 2014