Report of the Third Midwifery Visit to Mongolia October 2009.

Introduction:

This third midwifery visit took place from 19th to 31st October 2009. Teaching and practice occurred in Ulanbaator, Muron and Tsetserleg. In most areas we were returning to contacts made on previous visits though we also initiated some important new relationships. We felt that this visit should also be a time for evaluating the impact of our work and for considering to what extent the benefits of our educational interventions and shared practice balanced with the personal and financial costs involved.

Objectives:

The objectives set for this visit principally came out of the progress made during the second visit and are as follows:

- To target three of the units already visited; to assess progress since our last visit, to deliver selected, relevant new topics and to put theory into practice with shared clinical work.

- To contact the School of Nursing and Midwifery in Ulanbaator and gain a better understanding of the current professional profile of midwives; to examine the current midwifery curriculum and to begin a dialogue around educational standards; and, if asked, to deliver some of our workshops.

- To bring out some educational tools and equipment to help establish a practice development area in the 1st State Maternal Clinic, Ulanbaator, one of the two largest obstetric units in the country, in response to educational needs highlighted by the unit's midwifery manager/practice development midwife.

- It is still an objective to bring one or two practice development midwives from Ulanbaator to the UK for observation and education in current best practice, the aim of which would be to take that knowledge back and disseminate it widely, in the capital.

- To reflect on the impact of our project and gain feedback from senior clinicians, in the different units, in order to assess the value of our work and consider ongoing strategies.

Outline of workshops and clinical work:

The workshops were organized into 4 main topics and two or three presentations were selected appropriately for each unit. Clinical work was carried out in each hospital over two days. This enabled us to assess the impact of both current and previous workshops and consolidate the theoretical knowledge with shared practice.

The topics:

- **Position for labour and birth**: This was a workshop that ran very successfully on our last visit. During this visit, we delivered the original presentation in 3 new places and showed film footage of the Mongolian births recorded on our last visit. In two of the units we renewed the dialogue on birthing positions, showed the filming and discussed the benefits and difficulties encountered.

- **Infant resuscitation:** This was a new workshop which delivers the most up to date guidelines set out by the National Resuscitation Council in the UK. We had brought out a baby manikin and ambubag and mask with which to practise ventilation and resuscitation of a compromised newborn infant. This procedure requires no new equipment as all the hospitals have a bag and mask but it is a technique that should be taught properly and practised regularly and is a mandatory annual

requirement in the UK. This topic was chosen as we had observed poor practice on previous visits.

- **The use of syntocinon in the third stage of labour:** After observing the extensive use of intravenous syntocinon during the second and third stage of labour and babies being delivered in a comparatively poorer condition than in the UK, possibly due to its overuse, a workshop was developed to raise awareness of the most appropriate use of this drug and current best practice. Reducing the overuse of this drug, is not only a measurable gain in financial terms but also has the potential to limit the cascade of intervention which can occur when the drug is used inappropriately.

- **Foetal heart monitoring in labour:** We took this workshop to Tsetserleg. The workshop was run successfully in the other units on our last visit where we also left a sonic aid for use in labour. Tsetserleg is known to have a higher than average (for Mongolia) infant mortality and morbidity rate so foetal assessment and infant resuscitation are a priority here. We also left a sonic aid in this unit after practice with a range of clinicians, teaching them to use it both antenatally and in labour.

Achievements:

Workshops

The workshops delivered in No. 1 and No. 3 Maternal Hospitals, the School of Nursing and Midwifery, Ulanbaator, Muron Hospital and Tsetserleg Hospital were all well received and initiated much debate and discussion of midwifery practice in each location. The practical experience with the resuscitation doll was particularly beneficial and every doctor and midwife came forward to practise these vital techniques with enthusiasm. Furthermore, practitioners were quickly sharing their understanding with one another and teaching each other, demonstrating how effectively our workshops enabled the acquired knowledge to be disseminated.

Showing the film clips of the upright births from our previous visit stimulated an enormous amount of discussion and an appetite for returning to the traditional Mongolian position for birth, which current

evidence and World Health Organization (W.H.O) guidelines endorse as a most effective and safe way. This film material was a vital tool as it was culturally relevant and generated enthusiasm and confidence in the knowledge that other units were taking this practice on. The film footage from both the previous and current visit have become a valuable training tool in Mongolia as we were able to leave behind copies in each hospital, which practitioners will be able to refer to. An additional benefit of this footage is that it will also be an excellent tool for our own students in England.

Though the workshop on Syntocinon was more challenging as its use is so widespread and there is a strong fear of women bleeding, we were able to demonstrate that current W.H.O guidelines advocate its use by intramuscular injection, for the third stage, not intravenous infusion. Furthermore, in several of the births that we attended, practitioners were keen, with our support, to try the physiological management of third stage (ie without syntocinon), a practice that is virtually unused in Mongolia.

We requested the practice development midwife in the First Maternal Hospital to organize a workshop in the Third Maternal Hospital. By encouraging this, we facilitated shared learning between two large hospitals and the importance of this was acknowledged by the midwives.

The First State Maternal Clinic

Overall we made significant progress in this hospital. When we were last here our experience was that midwives and doctors lacked motivation and were entrenched in their own outdated practices. Whilst the first series of workshops appeared to be welcome, shared practice was difficult.

On this occasion we were better received, in part due to previous and ongoing relationship building with the management, in particular with the Director and the Midwife Manager, L.Amarjargaa. We had given the responsibility for scheduling our time in Ulanbaator to this midwife, thus giving her ownership of organising the seminars, participants and shared practice. An important outcome of this was that it generated, in a Mongolian midwife, a personal interest in the success of the project, raising her profile and motivation amongst other midwives and doctors, helping to breakdown the cultural divide. This personal

enthusiasm generated a great deal of motivation in her colleagues and helped bring about some important changes while we were there.

Work supported by World Health Organization Guidelines

Most developing countries use W.H.O guidelines to support all areas of health care. In Mongolia, Doctors are very reluctant to take responsibility for any change in practice which fall outside the guidelines. Our observation was, however, that in many hospitals, older versions of guidelines were being used and the Ministry of Health was not disseminating up to date copies.

In the case of both the upright delivery position for birth and the use of syntocinon for third stage, our educational materials are clearly supported by guidelines that have been available since 2002. We were fortunate to have both English and Mongolian translations of these documents and they were invaluable in influencing some of the changes we were proposing. In Ulanbaator the doctors' initial response to trying the upright birth position was negative as the guidelines that this hospital was using made no mention of it – their belief was that women had to be flat on their back for delivery. In discussion with one progressive doctor, we were able to show more recent guidelines which contradicted their older, outdated version and, along with the video material, convinced her to try the up-to-date W.H.O recommendations for birthing position.

First upright birth in Ulanbaator

The upright delivery, initiated by one forward thinking woman doctor, was observed by several senior doctors, including one of the capital's most eminent obstetricians. The birth was so successful that the lead doctor wanted to continue with a natural, physiological third stage, supported by us. The effectiveness of birth in this position was very convincing and generated a huge motivation for change. All the staff was clearly excited and the unit buzzed with enthusiasm. We were personally visited by the director who thanked us for our valuable input and indicated that he wanted to make change. The initiating doctor immediately expressed an intention to carry out a comparative study of the effectiveness of the upright position versus the prone position.

The impact of this looks likely to be wide reaching. Clinicians were shown the importance of keeping up to date with current guidelines, the importance of developing their own practice and being open to change, and, should the comparative study be completed, the ripple effect of a piece of Mongolian research could be enormous.

Contribution to Educational Resources Room at No 1 Hospital

By donating a resuscitation doll and kit, posters, hard and soft copies of all the teaching materials and video material, we met our objective of supporting the initiation and development of a training room. The ongoing benefit of this is that it is a sustainable tool for practice development and the dissemination of current knowledge. We believe our contribution, coupled with the increased motivation and confidence of the midwifery manager, will raise awareness of the need for continuing professional development and in-service training.

Establishing ties with the Health Sciences University, Department of Nursing and Midwifery

One of the key themes to come out of The First Mongolian Midwifery Conference (December, 2006) was the need for, "revising the

midwifery curriculum in line with international standards and enhancing the learning and working environment for midwives." (Robert Hagan W.H.O). The desire at this conference, expressed by many, is to expand the role of the midwife, increase educational levels and develop midwives to international standards of competency.

During our first visit to the university, we met with the Director of Studies, the leading Midwifery Lecturer and the Director of International Relations. Discussions ranged from the current role of the midwife, the need to expand the knowledge base and competency framework of midwives thereby raising their profile and we were able to look over the current curriculum. This immediately revealed that learning was heavily weighted towards nursing type skills and did not offer enough midwifery specific education and practice. We also learned that student midwives, not only spend a limited time in clinical practice settings but their work is confined to observation only as there is no system for licensing a student for hands on practice, which is the norm in the developed world.

As a consequence of this initial positive meeting, we were invited to present our workshop on the upright birth pose. This was met with great enthusiasm and their enormous appetite for wider knowledge ended in our staying on to deliver three further seminars!

The senior staff at the school have expressed a wish for ongoing co-operation and a desire for our support with developing the midwifery curriculum. All midwives in Mongolia attend this school for training. A continuing focus here has the potential to influence practice throughout Mongolia and is therefore highly sustainable.

Achievements at Muron Hospital

Our previous visit here was most successful, with the midwives' and doctors' openness to professional development and willingness to try more progressive practice.

They were clearly proud that their first births in the upright position were now initiating change in Ulanbaator and that using their culturally relevant examples put Muron at the forefront of change, giving other hospitals motivation and confidence to extend their practice.

Discussing their progress with this position since our last visit revealed that there had been some difficulties with a particular type of couch. A simple change of beds in the delivery rooms, which we initiated, now allows them to use one suitable bed safely in each delivery room for the upright birth. Similarly, when looking at their resuscitation equipment, as a result of the workshop, we were able to make simple but essential changes to the layout of the apparatus, which will ensure more effective infant resuscitation practices.

The syntocinon seminar initiated lively discussion from which came the information that one midwife had, herself, evaluated the use of syntocinon, and had come to similar conclusions. Our workshop on this topic endorsed her own research, despite a negative attitude from colleagues, and will doubtless give impetus for further study.

Another important achievement was attending the birth of a baby who had shown signs of foetal distress. The senior doctor, clearly worried, revealed that her preference would have been to perform an emergency caesarean section but was unable to due to lack of staff. She asked us how we would manage this case. We advised her to change the woman's position, off her back, into the upright, all-fours, position. This technique is widely used in the UK to maximise maternal-foetal blood flow and oxygenate the baby more effectively. The sonic aid, which we had donated previously, was evidently being used and we were able to show an improvement in the baby's heart rate. The woman progressed to a normal birth, in this position and the baby was in good condition. This was an excellent example of how a simple, technology free intervention can "counter the dangerous trend toward medicalization of birth", a concern highlighted at the First Mongolian Midwifery Conference, Robert Hoagan W.H.O Representative to Mongolia. Added to this, the senior doctor involved in the birth, strongly endorsed the positive effects to the foetus of the change of position and upright birth and that it had avoided an unplanned caesarean section.

Achievements at Tsetserleg Hospital

Conditions at this hospital are far behind the other hospitals visited. The building is in visibly poor repair, much of the equipment sits broken and unrepaired in the rooms, beds are rusting and some broken and the hospital has a bad reputation for high infection rates and infant mortality rates. The equipment used on a 32 week gestation infant who subsequently died while we were there was completely inadequate. Some of the practice we observed was completely outdated, for example the use of the longitudinal cut for caesarean section rather than horizontal. There were very few signs of foreign donations of equipment as seen in other hospitals. We left a sonic aid in this hospital having trained some midwives in its use.

We established an excellent working relationship with the newly appointed midwife manager at this hospital. She is keen to make improvements and initiate change and would like ongoing e-mail contact for support. She is aware of the extensive requirement for change. One area that we helped her with was handwashing. We noticed all the staff move from patient to patient without washing and, with such high infection rates, we explained it is essential to be rigorous with the supply of washing equipment and to change the culture. She took this on board and instantly began reminding staff to wash with every patient contact.

Encouraged by the guidelines and success stories in other hospitals there was great willingness amongst all the doctors and midwives to change the birthing position and we helped two primiparous women give birth successfully in an all-fours position, observed by many clinicians.

We were also able to demonstrate the importance of mobility in labour, and taught massage techniques to midwives as well as helping them gain competency with sonic aid use. In another instance we also showed the effective use of the sonic aid on an oligohydramnios woman to demonstrate fetal wellbeing and thereby avoid emergency caesarean section, reducing costs and, more importantly risks to the mother and baby, especially of infection.

Reflections

This third visit has been extremely successful in meeting our objectives. Contacts with the doctors and midwives we had made on previous visits were renewed and strengthened. Furthermore, important new contacts have been made. Building relationships and developing trust is a key component in the success of our project since it is through our contacts that professional development takes places and is rolled out.
From the positive feedback, both solicited and unsolicited, that we were given in every hospital it is evident that the project is making an impact and the techniques we are teaching are being taken on board. Our interpreter was able to report comments made by the clinicians as

they observed and worked with us, which demonstrate understanding and consolidation of knowledge.
Working alongside the doctors and midwives has proved to be a really important aspect of our project, it gives credibility and respect to our work, as well as being a practical teaching environment. Opportunities for consolidating clinical practice were excellent and gave clinicians much needed confidence to try new techniques. Feedback after the workshops indicated that our topics were relevant and the material was presented at an appropriate level.
We have been approached by managers from other regions in Mongolia and been invited to support them with education and shared clinical practice.

The workshops that we presented at the University of Health Science were met with enormous enthusiasm. We observed a strong desire from the educational team for support in midwifery educational strategies for the future. They are keen to raise the profile of the midwives. There is also a desire to raise standards in line with a recommendation in a review of midwifery services that was presented at the first Mongolian Midwifery conference which stated 'The undergraduate and postgraduate educational curricula are not aligned with international midwifery standards, there is no training for upgrading the skills of midwives, and no postgraduate pathway.'

We found that the W.H.O guidelines being used were out dated in the hospitals that we visited. Updated documents were clearly not being effectively distributed. This we highlighted and hope that the problem will be solved locally. We would like to bring this up with the Ministry of Health – highlighting the need for effective dissemination of information and a way of ensuring and monitoring uptake of new guidelines.

The only objective that we have not yet met is the aim of brining a midwife to work alongside us in England. We are still planning to do this and discussed with the Mongolian midwives the feasibility of them funding their travel costs, maybe from donations from local business sources, they were keen to follow this up. Our sense is that encouraging Mongolian midwives to do some fundraising for themselves would help to make them more proactive and accountable in Mongolia and attach greater value to such an undertaking.

Conclusion/Points for action

As a whole, this visit has been very effective and we have made great steps in our working relationships and with our newly formed contacts at the University of Health Sciences.

We plan to form stronger ties with the Midwifery Association, as this is an important vehicle for empowering the midwives to initiate change. The head of the association, is herself a government Health Minister, who we have met and would like to develop contact with us. All changes in policies and guidelines pass through the Ministry of Health, so developing our relationship with Dr.Yadamsuren Buyanjargal will be a key strategy in terms of driving change from the top down. She is keen to hear about our experiences and reflections from this visit.

We plan to develop strong ties with the University of Health Sciences. The director of studies has asked for our help in developing a new curriculum for the training of midwives to meet current international standards. This would have long term benefits to the whole service as every midwife in Mongolia is trained here. An intervention at this level is completely sustainable is it has the potential to be rolled out nationally. Before returning again, we plan to develop these contacts and do some preparatory curriculum work.

One of our ongoing observations is that clinicians are relatively unused to proper documentation and record keeping. This is an area that we wish to develop for our next visit.

Another really important point of action that we want to achieve is to help set up systems for continued professional development – such as mandatory update days and emergency drills practice. This form of professional development and maintaining standards is an essential practice in the UK and an important component of risk management. Helping to set up such a system and developing strategies for monitoring compliance would be extremely valuable in raising standards internationally accepted practice.

Reflecting on our most recent visit, we feel that the project is now really taking off. We have developed a backdrop in which focussed and strategic input could make a significant contribution to the healthcare

of women and their infants. There is much to do now involving hard work and commitment from us but our overwhelming opinion is that it is right to continue. The enthusiasm for change and development in Mongolian midwifery care was obvious during this visit. Our plan is to concentrate on Midwifery Education; strengthening ties with the Midwifery Association encouraging them to develop as a professional body, and stronger contact with the Ministry of Health during our next visit.
We are conscious of the need to develop an exit strategy at some point in the future. We believe that as we get to grips with the body of work that lies ahead, our exit will become more apparent but our current sense is that we are entering the central phase of this project.

We would like to return in July 2010, maintaining the current momentum, provided that we can obtain continuing funding.