

Report of 4th BirthLink UK Midwifery Visit to Mongolia



7th - 23rd July 2010

Background

This project began in 2008 when two voluntary midwives, from BirthLink, explored the feasibility of setting up a small education project in Mongolia to share knowledge and exchange ideas on current practice and to support midwives in their practice and continuing professional development.

The project has developed links with the First Maternity Clinic in Ulaanbaatar, Huvsgol Regional Hospital in Muren, Arhanghai Regional Hospital in Tsetserleg. There are also developing ties with the University of Health Science, UB and a new relationship with Orkhon Regional Hospital in Erdenet.

During a previous visit we met with key members of the Midwifery Association and the project would like to develop an association with them.

Introduction

The fourth midwifery visit took place from 8th to 22nd July, 2010. On this occasion we decided to focus on strengthening our involvement with First Maternity, revisiting the University of Health Science, Midwifery Department and responding to a new invitation from Erdenet Hospital, Orkhon Region to deliver all our previous workshops and to support them in the clinical environment.

Objectives

- To form stronger ties with the Midwifery Association
- To establish a working relationship with the University of Health Science and to look at the midwifery curriculum in conjunction with the Oxford Brookes Midwifery Curriculum
- To monitor the setting up of the Education Room in the No 1 Clinic, UB and to bring additional resources
- In response to an invitation from Orkhon Regional Hospital, to spend time there in the clinical environment and deliver educational workshops
- To bring new workshops to Ulanbaatar focusing on emergency procedures
- To initiate understanding of the need for continuing professional development and mandatory updating and practice in: emergencies in childbirth, maternal and infant resuscitation, record keeping and infection control in order to manage risk and reduce maternal and infant mortality and morbidity. Furthermore to help set up systems to monitor attendance and compliance.
- To encourage lead professionals in Mongolia to own the teaching resources and roll out the professional updates themselves maintaining our awareness of the need for the sustainability of this project and an exit strategy from us.
- To choose 2 local midwives to come to the UK on a study tour

Outline of workshops and clinical work

The philosophy behind all our workshops is to enable midwives to develop highly 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. The workshops we prepared

for this visit focused on obstetric emergencies and the most effective procedures employed to minimise risk. As well as theory each workshop included practical sessions involving training with a manikin.

The topics were: Management of Maternal Collapse, Eclampsia, Post Partum Haemorrhage, Shoulder Dystocia, Breech Delivery and Umbilical Cord Prolapse. These topics, along with the previous workshops including Fetal Heart Monitoring, Infant Resuscitation and Infection Control form the basis of Compulsory Annual Educational Updates for Doctors and Midwives in the UK. By keeping all staff in touch with the most up to date evidence based guidelines and practising problem based simulations, these sessions ensure that staff increase their effectiveness in managing emergency situations and giving fast, correct treatment. This reduces the risk to mother and baby of mortality and morbidity and other adverse outcomes.



As well as developing the presentations, producing handouts of all materials and leaving soft copies of the presentations, we produced a series of pocket sized emergency cards, translated into Mongolian and laminated for all the midwives. These are used in Oxford as memory aids.

We also revisited the topic of positions for the 2nd Stage of Labour, encouraging the use of the recommended more upright positions (D10-D11, WHO, 2006 *Integrated Management of Pregnancy and Childbirth*). In each case we showed the DVD that BirthLink has produced of the Mongolian births filmed on previous visits.

Events

Experience in Erdenet, Orkhon Province

At a workshop delivered in the School of Midwifery, Ulaanbaatar, during our last visit. We met with the senior midwife from Orkhon Regional Hospital. This developed into an invitation from the Hospital's management to deliver a series of workshops and to observe the clinical environment and share knowledge and ideas with them.

Erdenet is a copper mining city, 400km North East of Ulaanbaatar. The mining industry, which is 51% Mongolian owned producing 33% of the country's GDP, brings wealth to the city. A large proportion of the city's inhabitants are under 40 and the Maternity Unit delivers 2,500 per year which has been increasing by 400 per year during the last 5 years.

The Hospital buildings were similar to other regional hospitals – around 40 years old but in relatively poor condition. Much of the fabric of the building was poorly maintained and the inside was fairly typical – simply furnished and relatively old looking beds and bedding. However, there were good handwashing facilities in each room and better equipment such as sonic aids, which were being used rather than stored in a cupboard.

Birthing rooms were similar to other hospitals with 2 lithotomy beds in each room. The beds, however were wider and would be suitable for alternative delivery positions. Although the rooms have been refurbished in recent years, the lead midwife is keen to improve still further. A key improvement that we suggested is to convert to single rooms to give women greater privacy when giving birth. This was thought to be impossible due to several women needing care at the same time and a relative shortage of staff. We have been asked, however to send pictures and plans of UK birthing rooms to help with improvements. Our clinical activity was centred on observing births and postnatal care with discussion centred on updating practice.

The Educational aspect of the visit was very well organized with 2 days set aside for teaching. The majority of midwives and some nurses attended, 28 in all. There was a clear commitment to education and a strong enthusiasm for learning. Though the Emergency Drills workshops are long and detailed, it was clear that participants were attentive. The practical session went very well and the feedback was that using the manikin in simulated practice was especially useful and not something they had done before. Most of the education they receive is theoretical, delivered by Obstetricians, and is difficult to consolidate without practical simulation.



The Senior Midwife, Bayarho, demonstrated enthusiasm and commitment for raising standards. Our visit, as a whole, was exceptionally well organized by her and she is clearly a leader amongst the midwives. She even organized a TV camera crew to film and interview us in order to promote the project on local television. Furthermore she was thoroughly endorsed by Doctors as a highly experienced and hardworking midwife. We have identified her as a very good candidate for coming to the UK, subject to gaining a basic working level of English and depending on our future objectives for this hospital.

Experience at First Maternity Clinic, Ulaanbaatar

This was now our 4th visit to First Maternity Clinic and we have a positive sense of familiarity and friendship with the midwives. Last year, following a series of hospital acquired infections leading to several infant and maternal deaths, the former President of the hospital resigned and the unit was closed for 4 months for a complete refurbishment. It was re-opened in June and there have been huge improvements – new flooring, wall tiles, stairwells, everywhere newly painted in light fresh colours with new ceilings and good lighting everywhere. A key change is the improvement of handwashing facilities, better toilets and more showers and clearly labelled bins and cloths for different waste and cleaning purposes.



Handwashing has been a major feature in our discussions throughout our visit. Amaraa, the midwife manager, showed the developments in this practice and told us she now monitors the handwashing of practitioners. This is a clear outcome of some of the input we have given. There were still some gaps in provision of soap, alcohol gel and towels and Amaraa is very aware that the facilities need completing and that she needs to develop and maintain a consistent system of monitoring and compliance.

The morale of staff seems much improved with greater motivation. Our sense is that this is a good time to be involved here. Our meeting with the new President was very positive and he endorsed our presence and was keen for our involvement in this hospital to contribute to raising standards.



Our seminars were less well attended here, approximately 20, though midwives from several clinics had been invited. Two factors contributed – July is the Festival of Nadaam and many people take holiday around this time; the promotion of the workshops was a little late and there was no compulsory element to attend, unlike in Erdenet. Amaraa commented that she struggled with motivating some midwives to attend. There is a clear call for compulsory professional development and in future we will request better, more timely organization. That said, those who attended were the core staff who have regularly come to our other workshops and demonstrate commitment to development. They will be in a good position to roll out the education in future.



Meetings and Progress in Ulaanbaatar

Three meetings were arranged with:- , the Director of Midwifery and Nursing at the Health Sciences University of Mongolia, Dr Tsetsegmaa ; the Director of the Midwifery Association, Dr Buyanjargal, and the WHO representative for Mongolia, Dr Salik Govind.

During our meeting with Dr Tsetsegmaa, we brought the complete Oxford Brookes Midwifery curriculum, as requested by them, and spent time going through it and discussing the detail. Dr Tsetsegmaa was very appreciative, saying this would be of great benefit for their curriculum development as she been unable to acquire any similar curriculum. The School is in negotiation with the Ministry of Health to raise the education from Diploma level to Bachelor of Science, recommended in the First Midwifery Conference, 2006. Such a development would put the education in line with international standards and we want to support this in any way possible.

We met Dr Buyanjargal on our first visit and drew up a Memorandum of Understanding with the Midwifery Association to establish a working relationship with BirthLink. In the event, the current meeting was cancelled, this was unfortunate as we felt that it was important to continue with this working relationship, we hope to meet with her at our next visit. Our meeting with Dr Govind, WHO representative, was extremely successful and resulted in the plan to develop a joint project between BirthLink and the First Maternity Clinic, with support from the WHO. Already the Vice Minister for Health, Mongolia and the Director of WHO's Asia Pacific Region have endorsed the developing project. The purpose will be to create a flagship education/professional development model for midwives at First Maternity, including a key element of training for trainers to roll out the programmes to others. This is directly in line with our aspirations and to have support at this level will greatly increase our effectiveness. This first meeting led to a subsequent meeting with Dr Govind

and key Health Professionals from First Maternity to establish the formation of a working party and to begin a plan of work. The following day we met again at First Maternity and formalised plans for a working party and initial actions as outlined below.

Establishment of a Working Party – made up of:

Frances Barnsley, Maaike Carter, Dr Unurjargal (Head of Gynaecology), Amarjargal (Head of Nursing and Midwifery), 5 experienced midwives who can be trained as trainers, the President of First Maternity Hospital, Dr Salik Govind (WHO), Head of the Obstetric Department and Dr Usukbayar (local project co-ordinator).

First Action Points of Working Party:

- First Maternity Clinic to support Amaraa in developing the midwifery educational team, to appropriately delegate activities to this team and establish monitoring systems, 5 midwives to be identified as trainers, for them to develop understanding of topic areas in advance of BirthLink's return visit in April 2011. To follow an English language programme to facilitate their own research and easier communication with us.
- Train the Trainer – BirthLink to develop a training package to present to First Maternity Clinic who will get it passed – In the first instance, approach WHO for train the trainer course and use/develop material
- BirthLink to deliver 'train the trainer' course in April 2011 and then BirthLink and Trainers to deliver shared education to First Maternity Clinic
- First Maternity Clinic to establish Education Room – to identify resources and equipment required and from what budget. Education Room to open formally and with high profile, in April 2011
- BirthLink midwives to review practice development room in their hospital and develop list of necessary resources
- Evaluation – BirthLink to develop a checklist for evaluation with a view to joint evaluation after 1st course in April 2011
- First Maternity Clinic to develop system of monitoring attendance and compliance of midwives
- To maintain consistent, transparent communication with all parties, working group members and WHO

Reflections /Conclusions:

This visit has successfully consolidated our work so far and gives a sharper focus and solid foundation for its future. We have a clear remit and endorsement to work effectively and

sustainably at the First Maternity Hospital. The collaboration within the working party group gives scope for Midwives to own this education project and take it forward. Our current involvement is essential but after the start up and initial running, our exit strategy will become clear. The working party are aware of this. As well as the work in Ulaanbaatar we need to clarify ongoing work at the regional hospital at Erdenet. Initial thoughts from the working party at First Maternity was that it would be useful to create a satellite version of the Education Model in Erdenet Hospital and invite the lead midwife, Bayarho, to join the working group.

We are delighted with our achievements during this visit. We are now working positively towards a culture change amongst all practitioners so that midwives lead normal births, with obstetricians leading high risk. We believe we will soon be in a strong position to challenge some of the outdated standards currently set by the Ministry of Health, which will enable midwives to work more effectively, raise standards and improve care and outcomes for mothers and babies in Mongolia.

Frances Barnsley

Maaik Carter

27th July, 2010