

Report of the 6th BirthLink Midwifery Visit to Mongolia

1st April – 13th April 2012



Introduction

Over the course of the last five visits we have gained an excellent understanding of midwifery practice in Mongolia, as well as forming valuable relationships with different stakeholders in a range of settings. We have a solid understanding of the challenges that midwives face both in hospitals and remote, rural areas and have responded in 4 localities with delivering a range of requested topics. All materials are produced by us with a focus on creating simple, precise resources, which are evidence based, meeting international and WHO guidelines.

In order for such education to be sustainable our last visit focused on training local trainers who are in a position to roll out education for more midwives in different locations. Our purpose for this visit was to build on this philosophy and to look at ways in which this education could be rolled out nationally.

Objectives

- To meet with the Ministry of Health
- To gain endorsement for the educational programme and discuss how it could be incorporated into a national programme of continued professional development of midwives
- To review the progress of the trainers
- To support the lead midwives in their management of on-going education and encourage them in shaping the resources to suit their own needs
- To deliver some newly developed topics and co-teach the annual updates in 6 different locations
- To visit the University of Health Science- meet with students, continue discussions with the Director
- To meet with WHO to report on progress and discuss strategy for continued support

Outline of work

Meeting at Ministry of Health

The key aim of this visit was to work on a more strategic approach of sustainable education for the wider population of midwives. The understanding we have gained from delivering a variety of teaching topics in different areas to a large number of practitioners, including obtaining evaluation and feedback, has been invaluable in supporting the development of a programme tailored to specific local needs.

Our meeting at the Ministry of Health was with:- Dr Jadamba Tsolmon, Vice Minister for Health; Dr Buyanjargal, OIC Maternal Health, Ministry of Health and current Head of the Midwifery Association; Ms Yanjmaa Bideriya, Head of International Co-operation; Bayarhuu, lead midwife Erdenet; Amraa, midwife and nursing manager First Maternal Hospital Ulaanbaatar. Dr Salik Govind, Head of WHO Mongolia, sent his apologies.



Dr Tsoloman Jadamba

Dr Bujanjargal with us, Dec 2008

During this meeting we:

- Gave an outline of BirthLink's philosophy and objectives
- Presented the work that we have done so far in Mongolia to seek endorsement of the programme
- Showed and left behind a portfolio of all training materials so far developed for Mongolia
- Shared our thoughts on raising the profile and responsibilities of midwives in Mongolia and the needs for on-going professional education, including mandatory yearly updates
- Emphasised that the Head of the Midwifery Association should be a midwife in order to promote the status of midwives and champion their causes, in line with Professional Midwifery Associations in other parts of the world

We were delighted by Dr Tsolmon's enthusiastic response to our work and desire to collaborate more closely. She requested the following action points:

1. Each hospital should gather more comprehensive statistical data on childbirth outcomes, to include morbidity, in order to be able to evaluate the effectiveness of different educational interventions
2. For BirthLink and the lead Mongolian midwives to create a draft programme of study that can be incorporated into the national primary care training framework
3. For this programme to be endorsed by the Ministry of Health and introduced at the International Midwives' day Conference on May 5th, 2012

Teaching Programme

We organised an intensive, nine day schedule of teaching and practice in 6 different settings. In 2 regional hospitals we ran full, two-day update programmes. In Ulaanbaatar we visited 3 central hospitals and the University of Health Sciences. At our request, the Erdenet lead midwife, Bayarhuu, devised the training programme in a new Aimag, Bulgan, a regional hospital close to Erdenet, which was attended by both hospital and soum midwives. At the hospital we donated a full sized doll and pelvis, as a teaching aid and a sonicaid for use by midwives in the delivery area. Bayarhuu ably took on the responsibility for developing the programme and teaching some of the components. She has talent and energy for taking the programme forward.

Our continued philosophy behind all educational interventions is to enable midwives to develop highly effective, evidence based, practical skills in line with the WHO statement,

“There is a widely shared but mistaken idea that improvements in newborn health require sophisticated and expensive technologies and highly specialised staff. The reality is that many conditions that result in perinatal death can be prevented or treated without sophisticated and expensive technology. What is required is essential care during pregnancy, the assistance of a person with midwifery skills during childbirth and the immediate postpartum period, and a few critical interventions for the newborn during the first days of life.” (Turmen, WHO, 2006)

Our experience of visiting many clinical settings shows this to be true. Expensive equipment is impossible to service and maintain in both isolated rural areas and even in the major cities. Donated equipment lies unused and wasted, not only when broken down but also because clinicians are not experienced in their use. At the same time essential skills promoting the normal and the avoidance of complications are underdeveloped.

The new materials that we developed, as requested by Bayarhuu (lead midwife in Erdenet), emphasise the essential role of the midwife in keeping childbirth normal whilst, at the same time, being competent in identifying risk and being able to take appropriate and timely action.

Most of the sessions involved a combination of theory and hands on simulated practice and we achieved our aim of co-teaching the annual updates, using local midwife trainers, in Erdenet and Bulgan Aimags. The DVD that BirthLink has developed, with Mongolian translation, showing simple simulated practical demonstrations of Emergency Management and Drills was very successful in reinforcing the systematic approaches that are essential in obstetric emergency care. We left copies behind in each location for midwives to continue to use in practice simulations.



Students at University of Health Sciences practice normal delivery simulation

Evaluation and feedback from training programme

In all 185 practitioners (midwives, students and some nurses) attended the programme. In the regional departments some of the rural midwives had travelled long distances in order to attend. Overall feedback was very positive and matched our perception of their enthusiasm and desire for new knowledge and regular updates. Another important benefit expressed by midwives is the opportunity of gathering and reflecting on practice, exchanging ideas.

‘This is my 3rd year of attending your training and each year I learn something new. The education programme stimulates discussion and reflection on practice and sharing our knowledge.’ (Erdenet midwife)

This is of particular importance to the soum midwives who often work in isolation. This mirrors feedback from English midwives who also value the opportunity to share ideas, inform each other and proactively take new theory into practice.

‘It’s good to refresh knowledge- important to have the theory and practice at the same time. It’s very important for the soum midwives. We are excited about upright position birth and will try to implement in our soum. Please come back’ (Soum midwife attending for the second year)

One important gain, commented on by 2 newly qualified midwives, was that it was their first opportunity to practice infant resuscitation procedures using a doll and bag-and-mask.

‘Very interesting, especially the practice was important and helps it to make more sense. Helps us to be prepared for any aspect of care in different areas’ (newly qualified midwife)

Several midwives, including Bayarhuu, commented on the need to make such training regular and mandatory and also to give accreditation for participation.

‘This was a big investment for our midwifery knowledge. If it’s possible can we have some credit next time.’ (Bulgan midwife)

We sensed that Mongolian midwives are proud of their profession and want to see it develop.

‘It’s an opportunity to be more strategic and think about the bigger aims for midwifery in Mongolia’ (Erdenet midwife)

All in all, the programme of training events was extremely well received. The topics were appropriate and relevant to the needs of midwives. We are certain that it could be effectively incorporated into a national education programme for midwives. And, whilst our mission is one of sustainability and a desire that Mongolian midwives should own this education, we feel that reaching that number of midwives and generating such a degree of excitement has been successful and effective in its own right.



Simple simulation of breech delivery



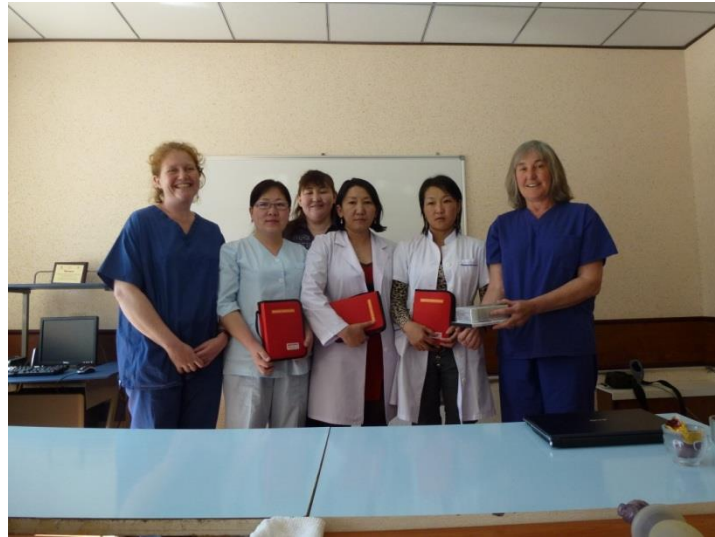
Practising Hand washing techniques



One of the trainers in Erdenet teaching on Anaemia

Review of trainers

In both Erdenet and Bulgan we observed both Bayarhu and two other midwives, identified by her, in their role as trainers. It is evident that they have understanding the key factor of cascading the programme effectively. Bayarhu was clearly giving the trainers confidence and monitoring their competence. Our target that trainers should record teaching and evaluate their effectiveness in a reflective report has not yet been achieved. We are satisfied, however, that they are developing as teachers under Bayarhu's supervision. We donated teacher packs, which include a small doll and pelvis as an excellent, simple teaching aid.



Presenting the trainers with their trainer packs

Our observations in Ulaanbaatar were less clear as we did not see any of the trainers teaching. However, we saw evidence of on-going training in the Education Room; Amraa reported some of the training and assessment for learning that she has implemented, and adaptations to our presentations to suit local needs. Our hand-washing charts were in evidence at every basin. The culture of change in Ulaanbaatar has always been slower so, whilst indicators of success were more subtle, some progress is in evidence. Furthermore, we have now widened the net to include No2 and No3 Hospital and are hopeful that this will increase the pace.





We were also informed that the fractured clavical rate had come down after the shoulder dystocia education. No statistics were available but the request from Vice Minister for better collection of this kind of information would help to evaluate the impact of our work

Taken from a poster advertising developments in No1 Hospital

Contact with WHO

Our continued collaboration with Dr Govind, WHO, was strengthened by a very positive meeting.



Action point:

Dr Salik Govind, WHO Mongolia

- To organize all the teaching materials along with the programme of study and to deliver copies to the Ministry of Health and WHO so that it can be reviewed, validated and incorporated into the national framework for primary care professional development

Reflection and Action points for the future

This visit had two strands. On a macro level we want to expand the programme to reach midwives nationally and our meetings at the Ministry of Health and WHO confirmed our hopes that this will be possible. Working with Bayarhuu, a draft of the Programme of Study has already been forwarded and we await feedback from the Ministry. Our relationships with key stakeholders strengthens our belief that we will soon be able to hand over the whole of the training programme to be managed and delivered by Mongolian midwives with more remote support from us. As part of this and because of Bayarhu's diligence with learning English it will soon be possible to carry out the 2-week observational visit, by 2 Mongolian midwives, to the UK, which has been a long-standing objective.

Action points:

- Carry out Ministry and WHO request to hand over education materials for validation
- Confirm and carry out Mongolian midwifery visit to the UK
- Remain in contact with lead midwives for support and remote supervision
- Increase collaboration with Dr Buyanjargal and the Midwifery Association
- Return as needed for monitoring



Frances Barnsley, Maaike Carter April, 2012