

ASEAN Regional Guideline

for Minimum Requirements
for Training and Accreditation
of Skilled Birth Attendants (SBA)



one vision
one identity
one community

ASEAN REGIONAL GUIDELINE

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for Training and Accreditation
of Skilled Birth Attendants (SBA)**

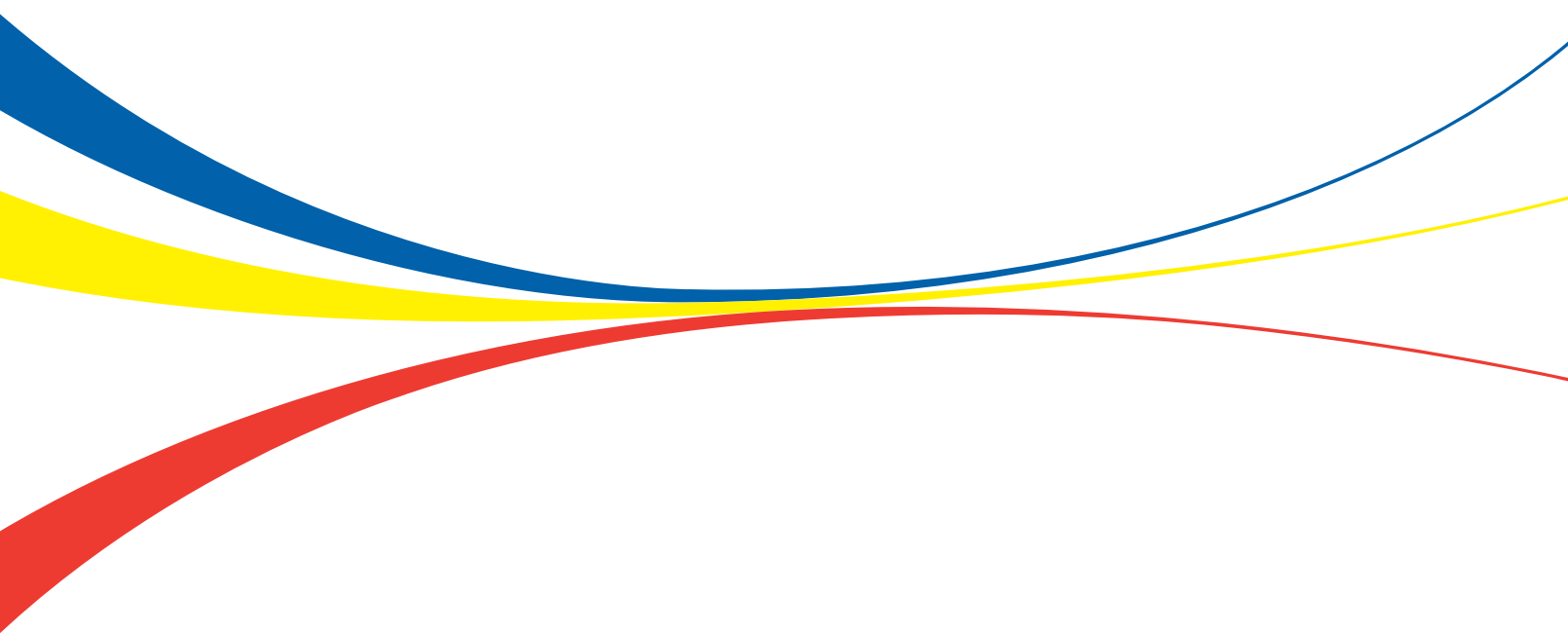


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Glossary of Terms

Accreditation	A certification process done by a third party and bestowed upon a person who has demonstrated a certain degree of proficiency required of a profession or institution that has complied with the standards set according to the type of service it provides. to publicly declare the health worker has demonstrated they have reached the required level of proficiency. The objective of Accreditation is to promote and ensure quality, by declaring a person or institution has demonstrated they have reached a required standard.
Accredited Health Professional	A licensed, certified or registered health professional (e.g. midwife, medical physician, nurse or other) who has a legal right to practise his or her profession according to country context.
Accreditation Body	The organization that has been given the authority either by law or by appointment by a relevant government ministry to undertake evaluation and regulate the practice of a profession based on certain standards
ASEAN Competency	The level of competence required of professionals to be able to practice their profession in the ASEAN (Association of South East Asian Nations) region.
Competency	A set of knowledge, skills, attitudes and experiences required of professionals to be able to practice proficiently (A+S+K+E = competence).
EmONC	Emergency Obstetric and Neonatal Care includes life saving for mothers and newborns at birth. Has been defined as the ability to perform an agreed set of signal functions (9 signal functions for comprehensive EmONC and 7 for Basic EmONC)
JICA	Japan International Cooperation Agency
MDG	Millennium Development Goals
Postnatal	A period of time from the complete delivery of placenta and membranes, until 6 weeks after birth, during which time the major reproductive organs return to their pre-pregnant stage and lactation is established; is considered an important time period for the mother-baby relationship to be formed. Postnatal care is the term most frequently considered to be care of both the mother and newborn as one unit (mother-baby dyad).
Postpartum	The process the body undergoes following childbirth, well all the organs return to pre-pregnant state. The postpartum period has no specific timeline and it could take up to 6 months for some organs such as urinary tract to recover after pregnant. The term postpartum is generally used to refer to the women after birth.
Proficiency	The ability to perform the required core functions to the required standard. To be proficient, the health provider must possess all the necessary competencies and have practised these repeatedly and regularly until he or she is able to perform the skill correctly with no need for supervision.

Self and Family- This is intended to include: advice on good nutrition for pregnancy and how to achieve them:
Care Advice on iron supplementation to prevent anemia; working, physical activities, hygiene (sexual organs, breast, body); what factors can be harmful to the pregnant woman and foetus - such as smoking, alcohol abuse and illicit drug, toxic workplace, etc. and how best to avoid them; danger signs and where to seek medical help

Skilled Birth A Skilled Birth Attendant (SBA) is defined as an accredited health professional - such
Attendant as midwife, doctor or nurse -who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and immediate postnatal period and in the identification, referral and management of complications in women and newborns

UNFPA United Nations Population Fund

WHO World Health Organization

FOREWORD



Achieving the people-oriented and people-centred ASEAN Community by 2015 signifies a healthy community of ASEAN peoples with quality, accessible and affordable health care and services. In line with the ASEAN Strategic Framework on Health Development (2010-2015), ensuring a healthy ASEAN Community by 2015 involves various partnerships and engagements with relevant stakeholders from both health and non-health sectors.

Inherent in this aspiration for a healthy community are the sustained thrusts of ASEAN Member States in improving maternal and child health. Seeking to accelerate and sustain the reduction in maternal and neonatal mortality and morbidity in ASEAN, the ASEAN Work Plan for Maternal and Child Health (MCH) for 2011 to 2015 seeks to enhance, among others, the competency of health community workers or practitioners in becoming accredited skilled birth attendants (SBAs), addressing, as a strategy, the capacity needs of the health work force in maternal, newborn and child health care at the local community levels.

After a series of consultations, the ASEAN Health Ministers' Meeting (AHMM) and Senior Officials Meeting on Health Development (SOMHD) through the ASEAN Task Force on Maternal and Child Health (ATFMCH), with support from relevant stakeholders, have endorsed the first ASEAN Regional Guidelines for Minimum Requirement for Training and Accreditation of Skilled Birth Attendants. The guidelines provide critical information on the required core competencies of SBAs in ASEAN, the standards for their training programmes, as well as the relevant requirements for training institutions and for the assessment and accreditation of SBAs.

It is hoped that this book will be utilized by the ASEAN Member States in addressing the work force needs of maternal, newborn, and child health care in their respective communities, ultimately, contributing to better health outcomes in the ASEAN Community.

A handwritten signature in black ink, which appears to read 'Lum' followed by a flourish.

Le Luong Minh
Secretary-General of ASEAN

FOREWORD

At the 8th ASEAN Senior Officials Meeting and subsequent ASEAN Task Force Meeting on Maternal and Child Health held in August 2013, UNFPA and ASEAN agreed to collaborate to promote the maternal health of women in the ASEAN Member States.

Led by the Ministry of Health of Myanmar, and supported by UNFPA, in October 2013 the ASEAN Task Force on Maternal and Child Health organized a workshop to develop the ASEAN Regional Guideline for Minimum Requirements for Training and Accreditation of Skilled Birth Attendants. This publication is the culmination of efforts made by Task Force Members during and after that workshop.

Several ASEAN Member States have been highly successful in reducing maternal and neonatal mortality and morbidity through the adoption of forward looking strategies providing midwives and other practitioners with the necessary training, skills and competencies to become accredited skilled birth attendants (SBAs). The Regional Guideline incorporates expert knowledge and opinion from within the region and beyond, providing guidance on strategies and processes that represent minimum requirements for core SBA competencies, training, assessment and accreditation.

UNFPA is committed to ensuring that scientific evidence is used to support the critical role of SBAs in reducing maternal mortality, and values the essential role that these health professionals perform. Recognizing that there will be a need for skilled birth attendants well beyond the 2015 deadline for achieving the Millennium Development Goals, UNFPA encourages each ASEAN Member State to use the Regional Guideline to strengthen national efforts to provide safe deliveries, and the care of mothers and their newborn infants.

UNFPA welcomes this opportunity to collaborate with ASEAN and looks forward to a continued partnership both at regional and country levels.



Nobuko Horibe
Regional Director
UNFPA Asia and the Pacific Regional Office

1. INTRODUCTION

Goal 5 – Improve Maternal Health is a critical goal among the eight Millennium Development Goals (MDGs) and will continue to be prominent in the post-2015 health agenda, as several countries will not reach the MDG targets set out at the Millennium Summit. A key indicator for Millennium Development Goal (MDG) 5 is, “the proportion of deliveries assisted by a skilled health professional/Skilled Birth Attendant (SBA)”. The proportion of deliveries assisted by SBAs varies widely among ASEAN Member States (AMS). In fact there are several reasons underlying these variations and amongst them the main reasons are lack of a consensus definition of SBA by AMS and lack of accreditation system with midwifery competencies in the curriculum for SBAs. National reports and need assessments report that health providers are assisting a vast majority of deliveries. However many of these do not have the competencies, as international recommendation, for all the tasks the skilled attendant is required to perform safe deliveries and save the lives of mothers and newborns [1, 2].

1.1 Definition

According to Joint statement of WHO, ICM, FIGO in 2004: A Skilled Birth Attendant (SBA) is defined as “an accredited health professional¹ - such as midwife, doctor or nurse -who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and immediate postnatal period and in the identification, management and referral of complications in women and newborns” [3].

This applicable and consensus statement, which includes 23 competencies for qualified SBAs, helps medical training organizations designing their curricula to achieve the required competencies of SBA. The Joint statement is a good starting point, however in itself not sufficient to develop the process of training, certification and licensing. Myanmar, Viet Nam and Lao PDR are assigned as leading countries to develop a guideline to help provide a common framework for the training and accreditation of SBA in ASEAN countries. The work has been carried out with the involvement and support from UNFPA, WHO and JICA.

¹ An Accredited Health Professional for the purposes of this guideline is – a health professional who has a legal right to practise according to country context

1.2 Purpose of the Guideline

The purpose of the Guideline is to assist the ASEAN Member States (AMS) to:

- (i). Define the core competencies for SBA of the ASEAN community as well as evaluation and accreditation methods.
- (ii). Establish training standards for birth attendants to meet the ASEAN's SBA core competencies.
- (iii). Define the criteria and processes for capacity assessment and accreditation of a training institution capable of delivering SBA training and/or accreditation, in accordance with ASEAN agreed core competencies.

Note: This guideline is a reference with common perspectives; each country in ASEAN will need to develop their specific regulations on qualification and accreditation process and training programme to ensure they are in line with their own national context.

2. REQUIREMENT FOR CORE COMPETENCIES OF SBA IN ASEAN

All skilled attendants at all levels of the health system must have skills and abilities² to perform all of the core functions below:

Competencies	Core functions	Skill and/or ability to do as minimum the following:
<p>Competency 1:</p> <p>To be able to use all forms of communication³ effectively and to apply the underlying knowledge to be able to provide quality, culturally relevant care.</p>	<ol style="list-style-type: none"> 1. Communicate effectively cross-culturally in order to be able to provide holistic “women-centred” care. 2. Communicate effectively with clients regardless of educational and economic status, religious and ethnic background. 3. Cultivate effective communication with colleagues and other members of the health care team. 4. Promote a rights-based approach to health that encourages women to participate in decision-making. 	<ul style="list-style-type: none"> • Engage in health education discussions with and for women and their families. • Use appropriate communication and listening skills across all domains of competency⁴. • Use simple language to convey messages that are easy-to-understand. • Record and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up. • Take account of the local circumstances such as geographical diversity, culture, beliefs, customs, etc. when providing services and communicating. • Respect and encourage traditional practices which are beneficial and not harmful and discourage practices which are known to be harmful. • Take a leadership role in the practice arena based on professional beliefs and values practice effective interpersonal communication skills.
<p>Competency 2:</p> <p>Provide high quality antenatal</p>	<ol style="list-style-type: none"> 1. Take a detailed history by asking relevant questions. 	<ul style="list-style-type: none"> • Take an initial and ongoing history at each antenatal visit. • Perform a physical examination and explain findings to the woman and her family.

² For guidance on theory content to enable SBA to perform the following, see Annex 2

³ In the context of core competencies for SBA, “all forms of communication” include interpersonal communications, writing skills, skills in using telephone or other forms of telecommunication readily available in country.

⁴ Domains of competencies: a competency is made up of many individual components such as a set of practical psychomotor skills, scientific and behavioural knowledge, professional behaviours, personal attributes, as well as critical thinking, decision making and judgement skills.

Competencies	Core functions	Skill and/or ability to do as minimum the following:
<p>care to maximize health during pregnancy that includes early detection and treatment⁵ and where needed referral of selected complications.</p>	<ol style="list-style-type: none"> 2. Assess individual needs and give appropriate advice and guidance. 3. Perform a physical examination to assess health status and progress of pregnancy and identify problems and give appropriate treatment and or refer. 4. Perform appropriate screening tests as required 5. Assist pregnant women to make and update birth plans. 6. Educate women (and their families and others supporting pregnant women) in self-care, good nutrition and danger signs during pregnancy, childbirth and the postnatal period. 7. Identify obstetric and medical conditions detrimental to the health of the mother and foetus especially pre-eclampsia, perform first-line management (including performance of life-saving procedures when needed) and make arrangements for effective referral. 	<ul style="list-style-type: none"> • Take and assess maternal vital signs including temperature, blood pressure, pulse. • Assess maternal nutrition and its relationship to foetal growth; give appropriate advice on nutritional requirements of pregnancy and how to achieve them. • Perform a complete abdominal assessment including assessment of fundal height using manual measurements, lie, position, and presentation. • Listen to the foetal heart rate and determine foetal well –being and interpret findings and take appropriate action. • Evaluate foetal growth, placental location and amniotic fluid volume, using ultrasound visualization and measurement (if equipment is available for use and within scope of practice). • Perform a pelvic examination, including sizing the uterus, and determining the adequacy of the birth canal. • Perform screening tests for anaemia HIV, syphilis, proteinuria or any other tests according to national protocol. • Take blood to determine blood grouping, and other haematological investigations as may be required. • Administer tetanus immunization according to national protocols. • Record and report all findings at each antenatal visit. • Make decisions based on clinical findings and take appropriate action including giving feedback to the woman and family and referral to higher level health facilities.

⁵ Treatment – it is assumed all SBAs must be able to offer as minimum first line treatment, to include performing life saving measures

Competencies	Core functions	Skill and/or ability to do as minimum the following:
Competency 2 (contd):		<ul style="list-style-type: none"> • Assist pregnant women and their families in making and updating a plan for birth⁶: • Make arrangements for timely effective referral • Discourage harmful customs and practices • Identify signs and symptoms of obstetric and medical conditions detrimental to the health of the woman and foetus and make clinical decisions based on findings and take appropriate action including giving first line management and making effective referral. • Provide full counselling to the woman to accept treatment and/or referral check-up, monitoring. • Educate women (and their families and others supporting pregnant women and newborn) on: <ul style="list-style-type: none"> - the importance of regular check-up - Self⁷ and family care - the need for creating a safe and healthy environment • Counselling on <ul style="list-style-type: none"> - the benefits of early and exclusive breastfeeding. - sexual practice during pregnancy and after childbirth - voluntary family planning and birth spacing following childbirth • Psychological support for mother: normal psychological changes in pregnancy, information

⁶ Information in Birth Plan should include as minimum; people who will be present during labour and birth, essential supplies for mother and newborn (will vary by context): clothing needed for going to health facility, nursing bras and pads, etc. Signs and symptoms of the onset of labour (including women's perceptions and symptoms);

⁷ "Self and family-care" is intended to include: good nutrition for pregnancy and how to achieve them. Advise on iron supplementation to prevent anemia; working, physical activities, resting during scheduled appointments; + Hygiene (sexual organs, breast, body); Avoid harmful factors on the pregnant woman and foetus such as smoking, alcohol abuse and illicit drug, toxic workplace, etc.

Competencies	Core functions	Skill and/or ability to do as minimum the following:
<p>Competency 2 (contd):</p>		<p>about relief of common discomforts, techniques for increasing relaxation and pain relief measures available for labour.</p> <ul style="list-style-type: none"> • Explain to the woman on how to identify the onset of labour and need for going to health facility early to allow for good monitoring and care during labour. • Emergency preparedness and preparing for possible community-based referral: who to contact, what support, etc. • Perform first-line management (including performance of life-saving procedures when needed).
<p>Competency 3:</p> <p>Provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns.</p>	<ol style="list-style-type: none"> 1. Identify the onset of labour 2. Perform vaginal examination, ensuring the woman's privacy and safety, and proper conduct by SBA. 3. Monitor maternal and fetal well-being during labour. 4. Provide supportive care. 5. Record maternal and foetal well-being on a partograph. 6. Identify delayed progress in labour and take appropriate action, including referral. 7. Manage a normal vaginal delivery. 8. Effectively manage the third stage of labour, including application of AMTSL where appropriate and initiate early breastfeeding, including skin-to-skin contact. 	<ul style="list-style-type: none"> • Provide culturally sensitive care throughout the full process of labour and birth; • Assess and record the woman's general status and condition: vital signs, physical conditions, etc. • Explain to pregnant women the stages of labour, the reasons for and procedures for vaginal examination during labour. • Prepare sterilized equipment for vaginal examination. • Perform limited and timely vaginal examinations, to reduce infection and record findings on partograph or similar record. • Perform a complete and accurate pelvic examination vaginally with privacy and respect, to assess for dilatation, effacement, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby and record all findings on partograph or similar record. • Regularly monitor progress of labour: dilatation, effacement, etc. and foetal heart rate and record all findings on partograph or similar record.

Competencies	Core functions	Skill and/or ability to do as minimum the following:
Competency 3 (contd):		<ul style="list-style-type: none"> • Provide supportive care during labour: Instruction on how to move/lie, breath during labour and delivery, how to relieve pain, psychological support, etc. • Provide adequate hydration, nutrition and non-pharmacological comfort measures during labour and birth. • Provide pain relief during labour and birth • Allow companion of choice during labour and birth. • Encourage position of choice during labour and birth. • Manage in accordance with national guidelines • Identify delayed progress in labour, by using the partograph and clinical signs. • Augment uterine contractility, using pharmacologic agents (in appropriate birth settings), according to national guidelines. • Early identification of maternal and fetal distress and take appropriate action, including referral where required. • Keep the woman and her family/supporter regularly updated about the status of labour and planned management. • Explain to families for their supporters and mobilize community - for timely referral • Assist normal delivery according to best practice. • Perform an episiotomy timely, if indicated. • Conduct active management of the 3rd stage of labour (AMTSL), including estimation and recording of maternal blood loss. • Perform fundal massage to stimulate postpartum uterine contraction.

⁸ Active management of the Third stage of labour (AMTSL) has a number of components: give intramuscularly an oxytocic drug, manually detect uterine contraction, encourage the woman to expel the placenta (sometimes achieved by having the woman change position or sit/squat on a bed-pan). The practice of controlled cord traction whilst simultaneously guarding the uterus is no longer recommended unless all other attempts above do not work.

Competencies	Core functions	Skill and/or ability to do as minimum the following:
Competency 3 (contd):		<ul style="list-style-type: none"> • Perform urine catheterization if indicated. • Make Rapid Assessment and institute management of obstetrical and newborn emergencies according to national protocols, including: management of cord around the baby's neck at birth, prolapsed cord and severe maternal and foetal distress, eclampsia, etc. • Provide immediate essential care of the newborn at birth. • Recognize signs of asphyxia at birth and take immediate action, including performing newborn resuscitation according to best practices. • Initiate early breastfeeding including skin-to-skin contact. • Inspect the placenta and membranes for completeness. • Inspect the vagina and cervix for lacerations and repair 1st and 2nd degree perineal or vaginal lacerations. • Repair an episiotomy. • Educate women and families to detect early signs of haemorrhage during the postpartum period and where to seek assistance. • Perform first line management of postpartum bleeding and haemorrhage, including using uterotonic agents and fundal message. • Recognize and respond to shock, including insertion of intravenous line, and drawing blood for laboratory tests. • Perform cardio-pulmonary resuscitation. • Perform manual removal of placenta, in accordance with national guidelines.

⁵ Best practice calls for all who provide care for newborn at the time of birth as minimum must be able to accurately conduct a rapid assessment using APGAR or similar score, clearing of airways, provide ventilation by bag and air, maintain body temperature during procedure and protect for harm including protection for infection.

Competencies	Core functions	Skill and/or ability to do as minimum the following:
<p>Competency 3 (contd):</p>		<ul style="list-style-type: none"> • Perform internal bimanual compression of the uterus to control severe uterine bleeding and perform aortic compression if indicated. • Arrange for and undertake timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and accompanied by a health professional.
<p>Competency 4.1: Provide comprehensive, high quality, culturally sensitive care in postpartum period.</p>	<ol style="list-style-type: none"> 1. Identify haemorrhage and perform management during immediate postpartum period. 2. Provide postnatal care to women. 3. Identify illnesses and conditions detrimental to the health of women in the postnatal period. 4. Provide advice on postpartum family planning. 	<ul style="list-style-type: none"> • Provide culturally sensitive care and support. • Monitor contraction of the uterus, pulse, blood pressure to early detect haemorrhage during the postpartum period (at least once during the first 6 hours after delivery, first day after delivery, and following days as needed). • Assess for uterine involution and healing of lacerations and/or repairs. • Perform postnatal screening tests according to national policy. • Educate woman how to massage the uterus to keep it well-contracted. • Explain to woman and her family about life-threatening situations if they arise, and management procedures. • Provide education on self-care, nutrition, personal hygiene, breastfeeding and sexual relations. • Provide support for women and their families who are bereaved (stillbirth, pregnancy loss, neonatal death, congenital abnormalities). • Detect and manage abnormal conditions in the postnatal period, including eclampsia, breast complications, sepsis, psychological disorder, urinary tract infections, etc. • Teach women and families on early detection of abnormal signs in postnatal period:

Competencies	Core functions	Skill and/or ability to do as minimum the following:
		<p>eclampsia, breast complications, sepsis, psychology disorder, urinary tract infections etc.</p> <ul style="list-style-type: none"> • Administer, life-saving drugs according to national guidelines (e.g. antibiotics, anticonvulsants, anti-malarials, anti-hypertensive, anti-retroviral). • Make arrangements for timely referral and apply first-line management as per national protocols. • Counsel couples on the importance of family planning/birth spacing after delivery, as well as appropriate contraceptives that can be used during breastfeeding period. • Provide family planning services concurrently, as an integral component of postpartum care.
<p>Competency 4.2: Provide high quality, culturally sensitive, post- abortion care.</p>	<ol style="list-style-type: none"> 1. Detect signs of miscarriage and provide emergency management. 2. Provide post abortion family planning counselling and services. 	<ul style="list-style-type: none"> • Diagnose miscarriage. • Insert IV line. • Accompany the patient to the health facility. • Perform evacuation of retained products of conception according to national guidelines. • Provide psychological support. • Provide post-abortion family planning counselling and service according to national guidelines.
<p>Competency 5: Provide high-quality, comprehensive care for the healthy infant from birth to two months of age.</p>	<ol style="list-style-type: none"> 1. Assess the newborn at birth and give immediate care. 2. Identify any life threatening conditions in the newborn and give essential life-saving measures, including, where necessary, active resuscitation as a component of the management of birth asphyxia, and referral where appropriate. 	<ul style="list-style-type: none"> • Provide immediate care to the newborn, including: dry the newborn; place in skin-to-skin contact on mother's abdomen or chest and cover to keep baby warm; suctioning (if needed); cord clamping and cutting when pulsation ceases. • Take steps to prevent infection. • Assess the immediate condition of the newborn (e.g., APGAR scoring or rapid assessment method: breathing, colour of the skin and heart rate). • Promote and maintain normal newborn body temperature through skin-to-skin contact (e.g.,

Competencies	Core functions	Skill and/or ability to do as minimum the following:
Competency 5 (contd):	<p>3. Assist women and their families in initiating, establishing and maintaining exclusive breastfeeding, including providing education on benefits of early exclusive breastfeeding and seeking assistance early for breast feeding difficulties.</p> <p>4. Educate women and their families on benefits of early exclusive breastfeeding.</p> <p>5. Provide monitoring and care for the infant in the first two months.</p>	<p>blanket, cap), and environmental control (e.g. warmer).</p> <ul style="list-style-type: none"> • Provide routine care of the newborn, in accordance with national guidelines and protocols (e.g., identification, eye care, screening tests, administration of Vitamin K, HBV, BCG and need for birth registration. • Perform newborn screening. • Identify congenital abnormalities and initiate appropriate and timely intervention. • Identify respiratory distress in the newborn by rapid assessment by breathing, skin colour and heart rate, and perform in-line management. • Perform emergency newborn resuscitation: <ul style="list-style-type: none"> - Suction (in case of airway obstruction) - Ventilation with bag and mask/tube and mask - Chest compression - Make arrangements for timely and effective referral • Explain to women and their families about the importance of breastfeeding. • Initiate and support early breastfeeding (within the first hour). • Teach mothers how to express breast milk, and how to handle and store expressed breast milk. • Teach mothers how to breastfeed and maintain successful breastfeeding. • Give appropriate care including, kangaroo mother care for the low birth weight baby, and arrange for referral if potentially serious complications arise, or if very low birth weight. • Detect and teach mothers on early detection of abnormal signs of newborn in postnatal period: eyes, complexion, digestion, umbilical cord, etc. • Recognize complications in the infant, stabilize and transfer high-risk infant to emergency care facility accompanied by health professional and mother. • Make arrangements for timely effective referral • Monitor the growth and development of the infant. • Perform immunization according to national immunization schedule.

Competencies	Core functions	Skill and/or ability to do as minimum the following:
<p>Competency 6</p> <p>Provide high quality, culturally sensitive health education and services to all in the community, to promote healthy family life, planned pregnancies and positive parenting.</p>	<ol style="list-style-type: none"> 1. Educate women and their families on how to prevent sexually transmitted infections including HIV. 2. Supervise non-skilled attendants, including TBAs where they exist, in order to ensure that the care they provide during pregnancy, childbirth and early postpartum period is of sound quality. 3. Collect, analyse and report relevant data of women and their newborns 4. Promote an ethos of shared responsibility and partnership with individual women, their family members and the community for the care of women and newborns throughout pregnancy, childbirth and the postnatal period 	<ul style="list-style-type: none"> • Educate and communicate with women and their families on the benefits of regular check-up/medical examination. • Educate women and their families on risk factors of sexually transmitted infections and how to prevent sexually transmitted infections. • Educate members of the community how to recognize sexually transmitted infections/ reproductive tract infections and seek health care. • Educate families and communities on dangers of early teenage pregnancies. • Promote benefits of planned pregnancies. • Identify birth attendants who are not yet SBAs, including TBAs where they exist (numbers, workplace). • Work in partnership with non-skilled attendants to identify pregnant women and encourage them to seek antenatal care, safe delivery and postnatal care with skilled health professionals. • Educate non-skilled attendants on practices to avoid during pregnancy, delivery and postnatal period. • Collect, report data on a monthly, quarterly and yearly basis, as the national reporting guidelines dictate. • Analyse relevant data on women and their newborns and share findings with communities, to promote good health care practice (evidence-based practices). • Promote partnership with colleagues to provide high-quality Maternal and Newborn Health care in health facilities: manage and provide comprehensive health care, provide adequate information on maternal and newborn care. • Promote partnership with the community to provide quality evidence-based home-based care for mothers and newborns. • Make arrangements for referrals including for emergency care, etc. • Health education and promotion to families and communities, including community leaders and influencers to promote good maternal and newborn health practices and services.

The above Competencies were developed based on: Making pregnancy safer: the critical role of the skilled attendant, a joint statement by WHO, ICM and FIGO, 2004 [3]; Strengthening Midwifery Toolkit, WHO 2011[4]; Essential competencies for basic midwifery practice 2010, revised 2013, ICM 2013[6]. Member states may add to these competencies and or skills according to national context. For knowledge base to perform these competencies see Annex 2. The ASEAN regional competency list above has been developed as a guide to minimum requirements for the skills and core function of what SBAs in ASEAN countries should be able to provide.

3. STANDARDS FOR SBA TRAINING PROGRAMMES

3.1 Types of training

Four types of training are recognized as applicable in the ASEAN region:

1. SBA Accreditation as part of an initial pre-service programme (e.g. for nursing, midwifery or medicine).
2. SBA Accreditation as integral to a recognized Post-basic Nursing programme to obtain an additional License/Certification/Registration (e.g.: as a midwife/nurse-midwife) or a specialized clinical course for Medical Practitioners.
3. Specialized Post-basic/part of Continuing Professional Development (CPD) for Accreditation for Health Providers who are not SBAs.
4. Professional updating for midwives, nurse-midwives, doctors or others, to meet competencies for SBA in the ASEAN region.

3.2 Admission requirements

Type 1 and 2: determined by national regulations depending on the type of programme.

Type 3 and 4: to be recognized as SBA for existing health providers, entry requirements should, as a minimum, include:

- Hold a professional accreditation/registration or license as a health provider according to National Human Resources for Health (HRH) system.
- Currently working on maternal and newborn care.
- Willing to be trained for improvement and for SBA accreditation.

Regardless of type of training, on completing of any of above the health providers must be able to demonstrate they have all the required competencies of SBA in the ASEAN region. As such they should be able to demonstrate they have:

- The requisite knowledge and skills to be able to perform all the core functions as defined in Section 2.
- The required professional and ethical attitude to practise maternal and newborn care for safe motherhood while respecting human rights, dignity and the cultural values of the mother's locality.

3.3 Standards for training programmes

1. All training programmes should be competency-based.
2. All courses should provide minimum of 50% clinical practice for type 1 and type 2, but for type 3 and 4 there should be a minimum of 70% (more may be needed depending on need, and decisions on length and content should be based on a detailed Needs Assessment).
3. For the minimum number of cases during the training, see matrix below:

	Minimum number of case (for content be covered in each case see annex 2)	Type 1 SBA Accreditation -part of initial pre-service programme	Type 2 SBA Accreditation Post-basic Nursing programme	Type 3 Specialized Post-basic/ part of CME for Accreditation for Health Providers	Type 4 Professional updating for midwives, nurse-midwives, doctors
1.	ANC	40	20	20	3
2.	Complicated pregnancies*	10	10	10	As needed
3.	Normal vaginal deliveries	20	10	10	3
4.	Abnormal /complicated deliveries (breech/face)	2	2	2	As needed
5.	Essential care of newborn at birth	20	10	10	3
6.	Postnatal care of mother and baby - first 24 hours	40	20	20	6
7.	Postnatal care mother and baby after 24 hrs up to 6 weeks	40	20	20	6
8.	Complications of postpartum period**	10	10	10	As needed
9.	Care of women following haemorrhage and/or sepsis in pregnancy	2	2	2	As needed

NOTE : For item 2, 3, 8 and 9 in matrix above: In some countries students undertaking Type 1 and 2 would not be responsible for the case but must assist in the management of cases.

* Priority should be given to managing pre-eclampsia and eclampsia.

** Priority should be given to management of postpartum haemorrhage.

4. REQUIREMENTS FOR TRAINING INSTITUTIONS

Based on global standards for initial education of professional nurses and midwives[5] (for pre-service training), and standards of good practice for medical education, all training institutions wishing to prepare SBAs must meet minimum requirements as described below.

4.1. Teaching staff

Teaching staff/Trainee ratio

For classroom teaching the minimum standard teacher to student ratio is 1:20.

For skills laboratory the minimum standard teacher to student ratio is 1:5 for simulation practices.

For clinical practice the minimum standard teacher/clinical preceptor or mentor to student ratio is 1:4.

Qualifications of Teaching Staff

Must hold a recognized professional qualification in the subject they are teaching.

Must have undertaken a preparation for Training of Trainers (TOT).

Must have undertaken recent (within the last 3-5 years) professional updating.

In addition to small group teaching and clinical training, teaching staff also have the responsibility of supervising, coaching and mentoring of trainees.

4.2 Training programme and materials

1. The training institution must develop a specific training programme including curriculum and teaching and learning materials based on the minimum competencies as described in section 2 and the standard for training programme in section 3 of this guideline.
2. All teaching and learning materials must be suitable for competency-based training – both theory and practicum. The materials need to be evidence-based with up-to-date information on health promotion, obstetrics and newborn care.

4.3. Required infrastructure and equipment

1. Standards for Type 1 and Type 2 training will be defined according to national regulations.
2. Standards for Type 3 and 4 training must have the following:
A large classroom with at least 2M²/participant that is fully equipped with audiovisual equipment.

At least one skills lab room equipped with models, teaching/learning aids, posters, etc for ensuring quality of training. The amount of equipment should be sufficient for each participant to be able to practise three times for each skill.

(For a detailed description of classroom and skills lab room requirements see Annex 3)

4.4. Clinical practice site

All training institutions must have or cooperate with at least one clinical practice site offering MCH services which meet the following minimum requirements:

1. Have the appropriate number of teaching staff, as described in item 4.1.
2. Normally have, as minimum, an average of 60 vaginal deliveries per month in the 6 months prior to student practice.
3. Have written commitment to ensure each trainee will have the opportunity to implement the minimum number of cases in clinical practice required in 3.3.
4. All clinical sites must have regular periodic audits of clinical practice, to ensure they meet national guidelines/protocols.

A clinical practice site could be a provincial, district level health facility or district level health facility in combination with sub-district level health facilities.

5. ASSESSMENT AND ACCREDITATION OF SBA

5.1 Candidates to be assessed to be accredited as SBA

The candidates include:

- Health providers (doctors, midwives and nurses) who are working in the field of maternal and newborn care, providing midwifery care and have a need to be accredited as SBA;
- New graduates of pre-service midwifery or medical programmes where they are expected to operate as SBA immediately after graduation (except where SBA competencies are included in final exit examination);
- Accredited health professionals who have completed a specialist SBA programme or SBA refresher training course (Type 4 programme).

5.2 Accreditation

5.2.1 Assessment methods used to accredit SBA

All candidates for SBA accreditation must undergo a formal assessment of competencies. Assessment tools and processes may vary according to country context but must as minimum have two components including:

- Multiple choice and case management;
- OSCE/ OSPE (Objective structured clinical/practical examination) using skill checklists for scoring (see Annex 1 for proposed methods of assessment).

5.2.2 SBA accreditation

The candidate will be accredited as ASEAN SBA if she/he obtains all the following:

- At least 70% for the written examination;
- At least 80% of the maximal score for each assessment domain;
- Pass all the OSCE/OSPE stations.

5.3 Institutions eligible for conducting SBA assessment

All institutions conducting SBA assessments and/or providing training of SBAs must be formally approved and accredited by an authorized organization(s) and Ministry of Health.

The institutions should ideally have been involved in delivery of SBA training, but regardless of if they have been involved in delivery or SBA training or not, all institutions will need to meet the following criteria to be eligible for conducting SBA assessment and accreditation of SBA:

5.3.1 Standards for institutions conducting SBA assessment

All facilities to be accredited for conducting SBA assessments must have as minimum the following:

1. A theory-based examination area (room) for at least 20 examinees per session (paper-based or computer-based test), adequately-equipped (furniture/ computers).

2. An OSCE/OSPE examination area, including an adequate number of separated rooms with one-way flow to limit communication between candidates going in and out:
 - Waiting room: adequate chairs for candidates, at least 20 chairs;
 - Examination room/ rooms with adequate space for OSCE/OSPE;
 - Post-examination room: adequate chairs for candidates who finished their examination.
3. Adequate commodity and equipment for OSCE/OSPE, including:
 - Models, simulators, tools, commodities corresponding to every skill being assessed;
 - Other commodities for OSPE: timer (to measure minutes); bells, etc. If affordable, a camera system with large display to be provided for monitoring purpose.

5.3.2. Minimum standards for examiners

There must be adequate examiners (at least 2 examiners per station).

All examiners must meet all the following criteria:

- Be a certified/licensed/accredited SBA, or have post-graduate or equivalent degree in obstetrics-gynaecology or midwifery;
- Have over 10 years experience of practising as SBA;
- Be a SBA trainer or maternal/newborn health trainer;
- Be trained in conducting OSCE/OSPE;
- Have attended SBA Preparation of Examiners workshop, to be familiar in tools and processes for the assessment.

5.3.3 Other human resources required

In addition to examiners, there must be sufficient assistants, to help with time keeping, ensure OSCE/OSPE stations are well maintained and escort candidates to stations.

There should be at least two coordinators per assessment session for managing records and organizing assessment, or managing unforeseen incidents/potential disruptions.

5.4. Accreditation of training institutions

Accreditation reflects the systematic assessment of infrastructure (which includes manpower, equipment, etc.) required for conducting SBA training. It refers to a voluntary process wherein the requirement of the training facility is assessed against set standards.

5.4.1 Committee for Accreditation

The Committee for Accreditation of SBA training sites will be set up by Ministry of Health or authorized organization (or an agency assigned by Ministry of Health) of ASEAN Member States.

The Committee shall be composed of following:

OBGYN (1), Midwifery Teacher (1), Midwife who is an accredited SBA (1), Paediatrician (1), Medical educator (1), and MCH Service Manager (1).

5.4.2 Accreditation procedure

All institutions providing training of SBAs must be approved and accredited by an authorized organization.

5.4.3 Application for accreditation as a training institution

Training institutions applying for sites need accreditation for SBA training should prepare the appropriate application documents, including:

- Application form to the Committee;
- Report of the training site, including self-assessment;
- List and CV of all teaching staff involved in training and accreditation of SBAs;
- Up-to-date list and status of infrastructure, equipment;
- Training programme and materials to be used;
- Report on Skills lab status.

5.4.4 Site assessment of institutions

The SBA Accreditation Committee will:

- Review application documents based on requirements described in Part 4 of this document;
- Conduct a site visit and assess the institution for the actual assessment.

5.4.5 Post site visit and awarding accreditation

If the training institutions site meets all the requirements described in Part 4, the Committee will report to the Ministry of Health or authorized organization (or an agency assigned by Ministry of Health) of the ASEAN Member State that an accreditation certification recommendation should be awarded.

If the training institutions site visit shows some deficiencies, then a report outlining these deficiencies will be sent to the institution, with a copy to the Ministry of Health or authorized accreditation body (or an agency assigned by Ministry of Health) with a recommendation on the time when the second visit will be made. Accreditation certification should be postponed until all criteria are met.

Exceptionally, where only minor deficiencies are observed during the site visit, the Committee may decide that a return visit is not necessary, as long as evidence is sent to the Committee that remedial action has been instituted. In such cases a defined period of time for such action should be stated. The Chairperson appointed to the Committee should ensure that all action is followed up and evidence is received and adequate. The report can be sent to the Ministry of Health or authorized accreditation body (or an agency assigned by Ministry of Health) whilst waiting for the evidence that remedial action has been instituted. Such evidence when received by the Committee should be forwarded to the authorized accreditation body.

6. RE-ACCREDITATION

Re-accreditation of institutions

6.1 An accredited SBA training institution shall seek re-accreditation after five years; however the process for application must begin in the fourth year. Supportive monitoring can be conducted every two years, or as often as deemed necessary by the approved accreditation authority.

Re-accreditation of SBA

6.2. The accredited SBA individual shall apply for re-certification through her/his immediate supervisor, or by participation in continued professional education programme (CPE). The CPE could include certification after following on-line or other courses.

6.3. Re-accreditation will be dependent upon meeting certain criteria as defined by each ASEAN Member State, but should include, as minimum, evidence that they have conducted at least 24 deliveries per year, proof of satisfactory practice and proof they have practised all of the competencies as outlined in Part 2 of this guideline.

REFERENCES

1. Campbell, O.M., W.J. Graham, and Lancet Maternal Survival Series steering group, Strategies for reducing maternal mortality: getting on with what works. Lancet, 2006. 368(9543): p. 1284-99.
2. Maclean, G.D., An historical overview of the first two decades of striving towards Safe Motherhood. Sex Reprod Healthc, 2010. 1(1): p. 7-14.
3. World Health Organization, Making pregnancy safer: the critical role of the skilled attendant : a joint statement by WHO, ICM and FIGO. 2004.
4. WHO, Strengthening midwifery toolkit, 2011.
5. WHO and Nursing & Midwifery Human Resource for Health, Global standards for initial education of professional nurses and midwives, 2009.
6. ICM, Essential competencies for basic midwifery practice 2010, revised 2013, 2013.

Annex 1: SBA Assessment (Proposed Methodologies)

Part 1: Skills suitable to be assessed by case management:

- Assist pregnant women and their families in making birthplans
- Identify and manage pre-eclampsia and eclampsia
- Identify the onset of labour
- Identify and manage obstructed labour
- Provide postnatal care to women and their newborn infants and post-abortion care
- Identify obstetric and medical conditions detrimental to the health of women and/or their newborns in the postnatal period
- Support non-skilled attendants, including TBAs where they exist, in order to ensure that the support they provide during pregnancy, childbirth and early postpartum period is of sound quality
- Collect and report relevant data and collaborate in data analysis and case audits

Part 2: Skills suitable to be assessed by observation of practice on simulators:

- Communicate effectively cross-culturally in order to be able to provide holistic “women-centred” care.
- Educate women (and their families and others supporting pregnant women) in self-care during pregnancy, childbirth and the postnatal period
- Examination of a pregnant woman
- Record maternal and foetal well-being on a partograph, identify maternal and foetal distress and take appropriate action, including referral where required
- Manage a normal vaginal delivery
- Conduct active management of the third stage of labour
- Identify haemorrhage in labour, provide first-line management
- Assist women and their newborns in initiating and establishing exclusive breastfeeding
- Provide advice on postpartum family planning and birth spacing
- Assess the newborn at birth and give immediate care
- Active resuscitation, where necessary
- Educate women (and their families) on how to prevent sexually transmitted infections including HIV

Annex 2 : Guidance for Developing Curricula and Course Content for Short SBA Updating Training Programme

- Member States wishing to develop a tailor-made short course to accredit those health workers who are providing midwifery care and have been found to be lacking in some competencies, or specific knowledge or skills to fulfill the competencies, should first ensure that a Needs Assessment is conducted based on the ASEAN competencies for SBA (see Section 2).
- All courses should be competency-based and apply adult learning techniques.
- The length of course should always ensure sufficient time is allocated to hands-on-practice under supervision of a competent practitioner in the clinical area to reach proficiency level.
- Attention should be given to the need for evidence that shows the learner has attained proficiency level.
- Proficiency is defined as: the ability to regularly perform correctly in all situations and requires regular repeated practice.
- Course content should include all the elements that make up a competency, e.g, knowledge, skills, attitude and experience.
- The matrix below has been developed as a guide for ASEAN Member States to define the minimal knowledge, skills and attitudes required to fulfill the defined core functions proficiently. However an individual country may need to include additional items, depending on country context/needs.

Annex 2.1: Matrix for Knowledge, Skills and Attitude for each ASEAN SBA Competency

(Link To Section 2)

Competency 1: To be able to use all forms of communication effectively and to apply the underlying knowledge to be able to provide quality, culturally relevant care.		
Core functions	Attitude, skill and/or ability to perform to proficiency the core functions:	Knowledge requirement to perform skills proficiently
<ol style="list-style-type: none"> 1. Communicate effectively cross-culturally in order to be able to provide holistic “women-centred” care. 2. Communicate effectively with clients regardless of educational and economic status, religious and ethnic background 3. Cultivate effective communication with colleagues and other members of the health care, team. 4. Promote a rights-based approach to health that encourages women to participate in decision-making. 	<ul style="list-style-type: none"> • Engage in health education discussions with and for women and their families • Use appropriate communication and listening skills across all domains of competency. • Use simple language to convey messages that are easy-to-understand. • Record and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up. • Take account of the local circumstances such as geographical diversity, culture, beliefs, customs, etc., when providing services and communicating. • Respect and encourage traditional practices which are beneficial and not harmful and discourage practices which are known to be harmful. 	<ul style="list-style-type: none"> - To provide skilled care attendants will need to cultivate effective interpersonal communication skills and an attitude of respect for the woman’s right to be a full partner in the management of her pregnancy, childbirth and the postnatal period. Such skills require knowledge of: <ul style="list-style-type: none"> - Verbal and non verbal systems - Effective listening and questioning techniques - Counselling techniques - Human rights - Use and abuse of power - Women’s empowerment strategies - Gender, difference between gender and sex, gender stereotypes, impact of gender on health of women and girls - Communication strategies for special groups (hearing difficulties, blindness, learning difficulties)

	<ul style="list-style-type: none"> • Take a leadership role in the practice arena based on professional beliefs and values. • Practise effective interpersonal communication skills. 	<ul style="list-style-type: none"> - Health education strategies and techniques - Report writing - Bodies, response to stress (psychological and physical) - Grief and theories of grief response - Impact of different religious and spiritual beliefs on pregnancy, childbirth and postnatal adaptations.
<p>Competency 2: Provide high quality antenatal care, to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications and education, counseling for health during pregnancy and preparation for birth and after birth.</p>		
<p>Core functions</p>	<p>Attitude, skill and/or ability to perform to proficiency the core functions:</p>	<p>Knowledge requirement to perform Skills proficiently</p>
<ol style="list-style-type: none"> 1. Take a detailed history by asking relevant questions. 2. Assess individual needs and give appropriate advice and guidance. 3. Perform a physical examination to assess health status and progress of pregnancy and identify problems and give appropriate treatment and/or refer. 4. Perform appropriate screening tests as required. 5. Assist pregnant women to make and update birth plans. 6. Educate women (and their families and others supporting pregnant women) in self care, good nutrition and danger signs during pregnancy, childbirth and the postnatal period. 	<ul style="list-style-type: none"> - Take an initial and ongoing history at each antenatal visit. - Perform a physical examination and explain findings to the woman and her family. - Take and assess maternal vital signs including temperature, blood pressure, pulse. - Assess maternal nutrition and its relationship to foetal growth; give appropriate advice on nutritional requirements of pregnancy and how to achieve them. - Perform a complete abdominal assessment including assessment of fundal height using manual measurements, lie, position, and presentation. - Listen to the foetal heart rate and determine foetal being-well and interpret findings and take appropriate action. 	<ul style="list-style-type: none"> - Aims and Objectives of Antenatal care. - Decision-making skills - Safe Motherhood programme (global and national): including factors that put childbearing women at risk such as too-early, too-frequent pregnancies and too-short intervals between pregnancies. - Physiology of menstruation, conception and foetal development. - Anatomy of pelvis. - Nutritional needs during pregnancy. - Physiology and management of pregnancy, including signs and symptoms of pregnancy and normal psychological changes throughout pregnancy. - Reasons for treatments, including self-care for minor disorders of pregnancy. - Causes, signs symptoms and management of bleeding in pregnancy (early and late).

<p>7. Identify obstetric and medical conditions detrimental to the health of the mother and fetus especially pre-eclampsia, perform first-line management (including performance of life-saving procedures when needed) and make arrangements for effective referral.</p>	<ul style="list-style-type: none"> - Evaluate foetal growth, placental location and amniotic fluid volume, using ultrasound visualization and measurement (if equipment is available for use and within scope of practice). - Perform a pelvic examination, including sizing the uterus, and determining the adequacy of the birth canal. - Perform screening tests for anemia HIV, syphilis, proteinuria or any other tests according to national protocols. - Take blood to determine blood grouping, and other haematological investigations as may be required - Administer tetanus immunization according to national protocols. - Record and report all findings at each antenatal visit. - Make decisions based on clinical findings and take appropriate action including giving feedback to the woman and family and referral to higher level health facilities. - Assist pregnant women and their families in making and updating a plan for birth. - Make arrangements for timely effective referral. - Discourage harmful customs and practices. - Identify signs and symptoms of obstetric and medical conditions detrimental to the woman and fetus and make clinical decisions based on findings and take appropriate action including giving first line management and making effective referral. 	<ul style="list-style-type: none"> - Signs, management and potential consequences of pre-eclampsia and eclampsia. - Physiology of formation of red blood cells and haemoglobin. - Blood grouping, Rh factor, physiological impact of pregnancy on cardiovascular system. - Blood group incompatibility. - Causes, signs and symptoms, consequences and management of anemia in pregnancy. - Causes, signs, symptoms, consequences and management of urinary tract infection in pregnancy. - Infection prevention protocols. - Mechanism of action of vaccines and national immunization programme. - Signs, symptoms and treatment for tetanus. - Cause, signs and symptoms, including home-based care for minor disorders of pregnancy. - Causes, signs, symptoms, consequences and management of Sexually Transmitted Infections, including HIV/AIDS. - Impact of poverty and poor nutrition on pregnancy and foetal development. - Drugs and pregnancy, including dangers of non-prescribed and traditional drugs in pregnancy. - Applying health education approaches in pregnancy, including behaviour change strategies and impact of traditional beliefs on health of mother and child.
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	<ul style="list-style-type: none"> - Provide full counselling to the woman to accept treatment and/or referral check-up, monitoring. - Educate women (and their families and others supporting pregnant women and newborn) on: <ul style="list-style-type: none"> - the importance of regular check-up; - Self and family care; - the need for creating a safe and healthy environment. - Counselling on: <ul style="list-style-type: none"> - the benefits of early and exclusive breastfeeding. - sexual practice during pregnancy and after childbirth; - voluntary family planning and birth spacing following childbirth. • Psychological support for mother: normal psychological changes in pregnancy, information about relief of common discomforts, techniques for increasing relaxation and pain relief measures available for labour. • Explain to the woman on how to identify the onset of labour and need for going to health facility early to allow for good monitoring and care during labour. • Emergency preparedness and prepare for possible community-based referral: who to contact, what support, etc. • Perform first-line management (including performance of life-saving procedures when needed. 	<ul style="list-style-type: none"> - Physiology of lactation, benefits of early exclusive breastfeeding and preparing women to breastfeed. - Sexuality, and sex in pregnancy. - Signs and symptoms of onset of labour. - Preparation for pregnancy. - Birth and emergency planning processes.
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Competency 3 : Provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns.		
Core functions	Attitude, skill and/or ability to perform to proficiency the core functions:	Knowledge requirement to perform skills proficiently
<ol style="list-style-type: none"> 1. Identify the onset of labour 2. Perform vaginal examination, ensuring the woman's privacy and safety, and proper conduct by SBA. 3. Monitor maternal and fetal well-being during labour. 4. Provide supportive care. 5. Record maternal and foetal well-being on a partograph. 6. Identify delayed progress in labour and take appropriate action, including referral. 7. Manage a normal vaginal delivery. 8. Effectively manage the third stage of labour, including application of AMTSL where appropriate and initiate early breastfeeding, including skin-to-skin contact. 	<ul style="list-style-type: none"> • Provide culturally sensitive care throughout the full process of labour and birth; • Assess and record the woman's general status. and condition: vital signs, physical conditions, etc. • Explain to pregnant women the stages of labour, the reasons for and procedures for vaginal examination during labour. • Prepare sterilized equipment for vaginal examination. • Perform limited and timely vaginal examinations, i.e. to reduce infection and record findings on partograph or similar record. • Perform a complete and accurate pelvic examination vaginally with privacy and respect, to assess for dilatation, effacement, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby and record all findings on partograph or similar record. • Regularly monitor progress of labour: dilatation, effacement, etc. and foetal heart rate and record all findings on partograph or similar record. • Provide supportive care during labour: Instruction on how to move/lie, breath during labour and delivery, how to relieve pain, psychological support, etc. 	<ul style="list-style-type: none"> - Aims and objectives of care during labour - Anatomy of birth canal, including cervix, vagina and pelvic floor. - The pelvis, landmarks noted on pelvic examination and possible consequences on labour outcomes for different types and sizes of pelvis. - Physiology of labour (all 3 stages). - Identification and consequences of different foetal positions in labour. - Physiological and psychological needs of the woman during labour and childbirth, including nutritional needs and need for good hydration. - Management of labour (4 stages). - Benefits and use of partograph. - Pain relief in labour. - Impact on maternal and foetal wellbeing and birthing process of posture. - Causes, signs, symptoms and management of maternal distress in labour. - Causes, signs, symptoms and management of foetal distress in labour. - Causes, signs, symptoms and management of prolonged labour.

	<ul style="list-style-type: none"> • Provide adequate hydration, nutrition and non-pharmacological comfort measures during labour and birth. • Provide pain relief during labour and birth. • Allow companion of choice during labour and birth. • Encourage position of choice during labour and birth. • Manage in accordance with national guidelines • Identify delayed progress in labour, by using the partograph and clinical signs. • Augment uterine contractility, using pharmacologic agents (in appropriate birth settings), according to national guidelines • Early identification of maternal and foetal distress and take appropriate action, including referral where required. • Keep the woman and her family/supporter regularly updated about the status of labour and planned management. • Explain to families for their supporters and mobilize community - for timely referral. • Assist normal delivery according to best practice • Perform an episiotomy timely, if indicated. • Conduct Active Management of the 3rd Stage of labour (AMTSL), including estimation and recording of maternal blood loss. • Perform fundal massage to stimulate postpartum uterine contraction. • Perform urine catheterization if indicated. 	<ul style="list-style-type: none"> - National protocols, including protocols for dealing with emergency situations. - Benefits of using AMTSL. - Clinical indications for use of episiotomy. - Performing an episiotomy. - Techniques for repairing pelvic lacerations and episiotomies. - Causes, signs, symptoms and management of immediate/primary post-partum haemorrhage (PPPH). - Recognition and management of shock, particularly first-line life saving measures. - Impact of labour and birth on foetus. - Adaptation of the foetus to extra-uterine life: including causes and signs of birth asphyxia and hypothermia. - Management of emergency situations in the newborn at birth. - Examination of the placenta, cord and membranes - Causes, signs and management of retained placenta and/or membranes.
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	<ul style="list-style-type: none"> • Make Rapid Assessment and institute management of obstetrical and newborn emergencies according to national protocols, including: management of cord around the baby's neck at birth, prolapsed cord and severe maternal and foetal distress, eclampsia etc. • Provide immediate essential care of the newborn at birth • Recognize signs of asphyxia at birth and take immediate action, including performing newborn resuscitation according to best practices¹⁰ • Initiate early breastfeeding including skin-to-skin contact • Inspect the placenta and membranes for completeness • Inspect the vagina and cervix for lacerations and repair 1st and 2nd degree perineal or vaginal lacerations • Repair an episiotomy • Educate woman and families to detect early signs of haemorrhage during the postpartum period and where to seek assistance • Perform first line management of postpartum bleeding and haemorrhage, including using uterotonic agents and fundal massage • Recognize and respond to shock, including insertion of intravenous line, drawing blood for laboratory tests • Perform cardio-pulmonary resuscitation 	
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¹⁰ Best practice calls for all who provide care for newborn at the time of birth as minimum must be able to accurately conduct a rapid assessment using APGAR or similar score, clearing of airways, provide ventilation by bag and air, maintain body temperature during procedure and protect for harm including protection for infection.

	<ul style="list-style-type: none"> • Perform manual removal of placenta, in accordance with national guidelines. • Perform internal bimanual compression of the uterus to control severe uterine bleeding and perform aortic compression if indicated. • Arrange for and undertake timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and accompanied by a health professional. 	
Competency 4: Provide comprehensive, high quality, culturally sensitive care in postpartum period Provide high quality, culturally sensitive, post abortion care		
Core functions	Attitude, skill and/or ability to perform to proficiency the core functions:	Knowledge requirement to perform skills proficiently
4.1 Postpartum care 1. Identify haemorrhage and perform management during immediate postpartum period. 2. Provide postnatal care to women. 3. Identify illnesses and conditions detrimental to the health of women in the postnatal period. 4. Provide advice on postpartum family planning.	<ul style="list-style-type: none"> - Provide culturally sensitive care and support. - Monitor contraction of the uterus, pulse, blood pressure to early detect haemorrhage during the postpartum period (at least once during first 6 hours after delivery, first day after delivery, and following days as needed). - Assess for uterine involution and healing of lacerations and/or repairs. - Perform postnatal screening tests according to national policy. - Educate woman how to massage the uterus to keep it well-contracted. - Explain to woman and her family about life-threatening situations if they arise, and management procedures. 	<ul style="list-style-type: none"> - Aims and objectives of postnatal care. - Physiological changes in the body immediately after birth. - Physiological changes in postpartum period: including process of involution and recommencement of menses. - Management of postpartum period, include national protocols for postnatal care. - Risk factors in postpartum period. - Recognition and management of minor disorders after birth, including breast engorgement. - Recognition and management of major complications after birth, including haemorrhage, sepsis, deep vein thrombosis and UTI. - Use of life-saving medicines in the postnatal period.

	<ul style="list-style-type: none"> - Provide education on self-care, nutrition, personal hygiene, breastfeeding and sexual relations. - Provides support for women and their families who are bereaved (stillbirth, pregnancy loss, neonatal death, congenital abnormalities). - Detect and manage abnormal conditions in the postnatal period, including eclampsia, breast complications, sepsis, psychological disorder, urinary tract infections, etc. - Teach women and families on early detection of abnormal signs of the woman in postnatal period: eclampsia, breast complications, sepsis, psychology disorder, urinary tract infections etc. - Administer, life-saving medicines according to national guidelines (e.g. antibiotics, anticonvulsants, anti-malarials, anti-hypertensive, anti-retroviral). - Make arrangements for timely referral and apply first-line management as per national protocols. - Counsel couples on the importance of family planning/birth spacing after delivery, as well as appropriate contraceptives that can be used during breastfeeding period. - Provide family planning services concurrently, as an integral component of postpartum care. 	<ul style="list-style-type: none"> - Signs, symptoms and management of physiological disorders after birth, including “baby-blues”, postnatal depression and postnatal psychosis. - Establishment and maintenance of lactation. - Family Planning Methods and services, including natural methods, Lactational Amenorrhoea Method (LAM). - Health education for postnatal women.
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<p>4.2 Post-abortion care</p> <ol style="list-style-type: none"> 1. Detect signs of miscarriage and provide emergency management. 2. Provide post abortion family planning counselling and services. 	<ul style="list-style-type: none"> - Diagnose miscarriage. - Insert IV line. - Accompany the patient to the health facility. - Perform evacuation of retained products of conception according to national guidelines. - Provide psychological support. - Provide post-abortion family planning counseling and service according to national guidelines. 	<ul style="list-style-type: none"> - Aims and objectives of post-abortion care. - Bleeding in early pregnancy, including molar pregnancy. - Causes of early pregnancy loss, including habitual abortion. - Recognition of signs of miscarriage (complete and incomplete) and immediate life-saving measures. - Ectopic pregnancy, including recognition and management. - Physical and psychological impact of early pregnancy loss. - Management protocols for post-abortion care (PAC). - Post-abortion counselling. - Post-abortion family planning. - Pregnancy following miscarriage/early pregnancy loss.
<p>Competency 5 : Provide high quality, comprehensive care for the healthy infant from birth to two months of age</p>		
<p>Core functions</p> <ol style="list-style-type: none"> 1. Assess the newborn at birth and give immediate care. 2. Identify any life-threatening conditions in the newborn and give essential life-saving measures, including, where necessary, active resuscitation as a component of the management of birth asphyxia, and referral where appropriate. 	<p>Attitude, skill and/or ability to perform to proficiency the core functions:</p> <ul style="list-style-type: none"> - Provide immediate care to the newborn, including: dry the newborn; place in skin-to-skin contact on mother's abdomen or chest and cover to keep baby warm; suctioning (if needed); cord clamping and cutting when pulsation ceases. - Take steps to prevent infection. - Assess the immediate condition of the newborn (e.g., APGAR scoring or rapid assessment method: breathing, colour of the skin and heart rate) - Promote and maintain normal newborn body. 	<p>Knowledge requirement to perform skills proficiently</p> <ul style="list-style-type: none"> - Aims and objectives of newborn care. - Physiological needs of the newborn at birth. - Benefits of skin-to-skin contact. - Thermoregulation process in newborn. - Examination of the newborn at birth, including use of APGAR or other scoring system. - Causes, recognition and management of asphyxia at birth. - Newborn resuscitation methods. - Causes, recognition and management and

<p>3. Assist women and their families in initiating, establishing and maintaining exclusive breastfeeding, including, including providing education on benefits of early exclusive breastfeeding and seeking assistance early for breast feeding difficulties.</p> <p>4. Educate women and their families on benefits of early exclusive breastfeeding.</p> <p>5. Provide monitoring and care for the infant in the first two months.</p>	<p>temperature through skin-to-skin contact (e.g., blanket, cap), and environmental control (e.g. warmer)</p> <ul style="list-style-type: none"> - Provide routine care of the newborn, in accordance with national guidelines and protocols (e.g., identification, eye care, screening tests, administration of Vitamin K, HBV, BCG and need for birth registration. - Perform newborn screening. - Identify congenital abnormalities and initiate appropriate and timely intervention. - Identify respiratory distress in the newborn by rapid assessment by breathing, skin color and heart rate, and perform in line management. - Perform emergency newborn resuscitation: <ul style="list-style-type: none"> - Suction (in case of airway obstruction) - Ventilation with bag and mask/tube and mask - Chest compression - Make arrangements for timely effective referral - Explain to women and their families about the importance of breastfeeding. - Initiate and support early breastfeeding (within the first hour). - Teach mothers how to express breast milk, and how to handle and store expressed breast milk. - Teach mothers how to breastfeed and maintain successful breastfeeding. - Give appropriate care including, kangaroo mother care for the low birth weight baby, and arrange for referral if potentially serious complications arise, or if very low birth weight. 	<p>prevention of hypothermia, including different techniques for warming newborn with low temperature.</p> <ul style="list-style-type: none"> - Kangaroo method of nursing newborn. - Recognition and immediate management of obvious congenital abnormalities, including instituting life-saving measures. - Causes, recognition and management of low birth weight and preterm newborn. - National policies and protocols for newborn care, including national vaccination programme. - Screening tests in first two months of life. - Normal development in first two months of life. - Causes, recognition and management, including safe home-care remedies where possible, for complications that can occur in first two months of life. - Recognition of high risk neonate. - Protocol for effective referral from home/community to facility and in facility for higher level care. - Barriers to successful breastfeeding. - Feeding complications and how to overcome them.
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	<ul style="list-style-type: none"> - Detect and teach mother on early detection of abnormal signs of newborn in postnatal period: eyes, complexion, digestion, umbilical cord, etc. - Recognize complications in the infant, stabilize and transfer high risk infant to emergency care facility accompanied by health professional and mother. - Make arrangements for timely effective referral - Monitor the growth and development of the infant. - Perform immunization according to national immunization schedule. 	
<p>Competency 6 : Provide high quality, culturally sensitive health education and services to all in the community, in order to promote healthy family life, planned pregnancies and positive parenting.</p>		
<p>Core functions</p>	<p>Attitude, skill and/or ability to perform to proficiency the core functions:</p>	<p>Knowledge requirement to perform skills proficiently</p>
<ol style="list-style-type: none"> 1. Educate women and their families on how to prevent sexually transmitted infections including HIV. 2. Supervise non-skilled attendants, including TBAs where they exist, in order to ensure that the care they provide during pregnancy, childbirth and early postpartum period is of sound quality. 3. Collect, analyse and report relevant data of women and their newborns 4. Promote an ethos of shared responsibility and partnership with individual women, their family members and the community for the care of women and newborns throughout pregnancy, childbirth 	<ul style="list-style-type: none"> - Educate and communicate with women and their families on the benefit of regular check-up/ medical examination. - Educate women and their families on risk factors of sexually transmitted infections and how to prevent sexually transmitted infections. - Educate members of the community how to recognize sexually transmitted infections/ reproductive tract infections and seek health care. - Educate families and communities on dangers of early teenage pregnancies. - Promote benefits of planned pregnancies. - Identify birth attendants who are not yet SBAs, including TBAs where they exist (numbers, workplace). 	<ul style="list-style-type: none"> - Health promotion techniques. - Developing a community profile, including identification of sources of information and support to women of reproductive age. - Making community plans for emergency evacuation of women and newborns to EmONC facility. - Vital statistics. - Benefits of birth and death registration. - Protocol for notification of maternal or neonatal death or stillbirth. - Affecting change. - Skills training methodologies. - Developing training plans. - Work planning. - Record keeping.

<p>and the postnatal period</p>	<ul style="list-style-type: none"> - Work in partnership with non-skilled attendants to identify pregnant women and encourage them to seek antenatal care, safe delivery and postnatal care with skilled health professionals. - Educate non-skilled attendants on practices to avoid during pregnancy, delivery and postnatal period. - Collect, report data on a monthly, quarterly and yearly basis, as the national reporting guidelines dictate. - Analyze relevant data of women and their newborns and share findings with communities, to promote good health care practice (evidence-based practices). - Promote partnership with colleagues to provide high quality maternal and newborn health care in health facilities: manage and provide comprehensive health care, provide adequate information on maternal and newborn care. - Promote partnership with the community to provide quality evidence-based home-based care for mothers and newborns. - Make arrangements for referrals including for emergency care, etc. - Health education and promotion to families and communities, including community leaders and influencers to promote good maternal and newborn health practices and services. 	<ul style="list-style-type: none"> - Advocacy models. - Teamwork. - Creating an healthy work environment, including health and safety at work.
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Annex 3: Standard Classroom and Skills Lab Room

I. Classroom (for 15 - 20 trainees)

1. General requirement: Area at least 2M²/participant

2. Tools and equipment:

	Item	Unit	Quantity
1	Table	piece	25
2	Chair	piece	30
3	Flipchart stand	piece	2
4	Large white board	piece	1
5	Television	piece	1
6	VCD/DVD player	piece	1
7	Multi-projector	piece	1
8	Slide projector	piece	1
9	Projector screen	piece	2
10	Video tapes, CD-Roms, DVDs for skills demonstration	piece	10
11	Desktop computer with internet	piece	2
12	Laptop computer	piece	2
13	Photocopier	piece	1
14	Flipchart size AO	piece	50
15	Board markers (3 colours of blue, red, black)	piece	30
16	Pens (various)	piece	20
17	Glass markers	piece	10
18	Whiteboard wiper	piece	5
19	Transparencies	box	2
20	Bookshelf/library	piece	3
21	Standard guidelines on RH services		
22	Clinical practice guideline		
23	Poster, flipchart	set	5
24	Skill checklist (size AO)	piece	5
25	Reference books on RH		
26	Scientific journals, publications		
27	Air conditioner	set	1

II. Skills lab room (assuming 15-20 trainees)

1. General requirements:

Area at least 2.5M²/participant

Wall, floor, water supply, electricity and lighting installation, washing basins, firefighting equipment, etc. should be rational, safe, clean and suitable for operation process.

2. List of tools and equipment:

	Item	Unit	Quantity
1	Patient bed, bedside shelf with mattress, bed sheets, blankets, pillows	set	1
2	Stainless steel 2-layer instrument cart	piece	1
3	Newborn scale	piece	1
4	Syringes 10 ml and 5 ml, 20 pieces each	set	1
5	Delivery table (with spotlight)	set	1
6	VCD/DVD player	set	10
7	Newborn model (doll)	set	10
8	Newborn care and resuscitation simulators	set	3
9	Female reproductive tract models	set	4
10	Obstetric simulators	set	3
11	Episiotomy-repair model	set	4
12	Placenta models	set	4
13	Pregnancy examination instruments	set	2
14	Delivery instruments	set	2
15	Newborn resuscitation instruments	set	1
16	Episiotomy/repair instruments	set	2
17	Newborn bathing, cord care consumables	set	2
18	Towel for drying and warming newborn	piece	10
19	Kangaroo aprons	Piece	10
20	Infection prevention instruments/ consumables	piece	1
21	Female pelvic charts	set	2
22	Flipchart, leaflet about RH	set	10
23	Skill checklist (size AO)	set	20
24	Air conditioner	set	1

