

FACILITATOR'S PACKET

RESPECTFUL MATERNAL CARE WORKSHOP

Overview

This packet contains additional facilitation instructions for the workshop and provides details on materials that should be printed for each workshop.

Workshop Agenda

The workshop is intended to be run in one day: from 9:00 – 16:30 (including lunch and a tea break).

- Introductions (15 min)
- Sharing stories (1 hour)
- Games and activities (1 hour)
- Role playing (1 hour)
- Lunch (1 hour 15 minutes)
- Introduction to pain management toolkit and other patient solutions (1 hour)
- Tea Break (25 minutes)
- Introduction to pain management toolkit and other patient solutions continued (45 minutes)
- Goal setting activity (30 minutes)

Materials Needed - To print

These materials, and their printing instructions, can be found in the packet below. Materials should be printed prior to the workshop.

- Circle Game prompts
- Printed Puzzle Activity
- Printed Role play prompts
- Agendas (1 copy for every attendee)

Materials Needed – Other

These materials are not provided in the packet below, and should be sourced prior to the workshop.

- Pins to give to providers for “creating a safe space”
- Flip chart paper to write on and markers/pens
- Blindfolds (or scraps of fabric) - enough for 1 per 2 attendees
- Blow horn or another noisemaker
- Refreshments for breaks (if resources permit)
- All Pain Management solutions:
 - BETTER Manual
 - BETTER Partograph
 - BETTER Poster
 - Massage Balls
- Provider Client Promise

Games and Activities Section

Circle Game

Instructions: After you introduce the game using the instructions on the slide, read each prompt aloud to the participants during the circle game. Once you've read all of the lines below, use the discussion prompts on the slide to generate discussions.

1. I have sisters and brothers
2. I have given birth to children of my own, or have witnessed my partner giving birth to our children
3. I – or my partner – struggled with pain during my children's birth
4. One of my friends or someone I know became pregnant when they were very young
5. One of my friends or someone I know didn't have the money to buy new clothes for her baby to bring to the clinic for the delivery and she was ashamed
6. One of my friends or someone I know has taken herbs during labor because her previous deliveries took very long and she was scared
7. For one of my friends or someone I know, pain made it difficult to listen to the midwife during labor
8. During my child's delivery, I wanted to have a healthy baby and was scared I might not
9. During my child's delivery, pain made it difficult for me or my partner to listen to the midwife's instructions although I wanted a safe delivery
10. In the past, I have been told to do a chore that I didn't want to do and this made me unhappy
11. In the past, I have been yelled at or scolded when I did not behave as I was told, and this made me scared
12. I have followed instructions before because I was afraid of what someone would do if I did not listen
13. In the past, one of my friends or someone I know was hit or slapped when they did not listen to their partner in the home
14. It makes me sad and ashamed to know that I have friends who have been treated with violence when they did not listen to someone
15. In the past, I have been scared that I will be hit or slapped when I did not listen to my partner in the home, my supervisor at work, or someone else above me
16. I enjoy my job as a midwife
17. In the past, I have felt overwhelmed when I attended to a difficult birth
18. In the past, I have felt like I did a good job attending to a difficult birth
19. In the past, I have said or done something I wish I hadn't when I was feeling frustrated or upset
20. In the past, I have done something during a delivery that I wish I had done differently
21. In the past, I have felt like I treated a client poorly during delivery
22. In the past, I have felt like I have treated a client with respect during delivery
23. I am proud to be a midwife

Puzzle activity

Instructions: Print 1 copy of the puzzle page below per workshop participant. For half of the copies - cut out the puzzle pieces. For the other copies - keep the images whole. Follow the directions in the slide to go through the two rounds of the activity.

Role Play Section

Before the workshop:

- **Before the workshop:** Print the character prompts below and cut to separate the client from provider prompts.

Part one – selecting provider characters:

- **At the beginning of the role play section ask for 3 volunteers from the group.** These volunteers will play “poorly performing providers.” These volunteers should be chosen based on their openness and responsiveness to the questions in the previous section; and should be individuals that you feel will do a good job at portraying a “poorly performing provider.”
- **Take these volunteers into a different space.** Tell the rest of the group that you’ll be right back.
- **Ask the 3 chosen providers:** “Would you feel comfortable playing a role of a provider who is struggling to provide respectful care during the role play activity that we will do later today after the break? I will give you a prompt to use that will ask you to behave in a particular way during the role play.”
 - If they agree, give each provider one of the “poorly performing provider” character prompts below.
 - If someone does not agree – go back and gather another volunteer. Ask that the initial volunteer not share any of this information with other attendees.
- **Hand out the provider cards. Read this to the “poorly performing providers”:** “Here is the description of your character. During the activity, we’ll all discuss the identity of a client. Someone else will volunteer to act as this client. Your provider character matches with a particular client, and it tells you which client on the top of your card. During the role play, you should continuously try and engage with the client and try to achieve the goals written on your character card. Remember that you have been chosen to play the role of a provider who is struggling to provide respectful care, so you should try to achieve your goal by whatever means necessary. Your role will be a secret to the group, meaning that the group will not know that you are pretending to play a ‘poorly performing provider.’ Please read your provider prompt and let me know if you have any questions.”
- **Go back into the workshop space with the volunteers.**

Part two – selecting client character:

- **Go back to reading the instructions on the slide.**
- **Do the following process three times for each client / provider scenario:** Ask the group for a volunteer to be a client and have the client come to the front of the room. Give the “client” a role play card and ask them to read the scenario aloud.
- **Use the following prompts to facilitate group discussion** on why the client might be feeling this particular way.
 - Why do you think that the client felt this way?
 - How would you be feeling if you were in a similar situation as this client?
 - Why might the client not want to listen to the provider?
 - Why might the context make it difficult for the provider and client to cooperate?

Part three – role playing:

- **Do the following process three times for each client / provider scenario: Ask the “client” to start pretending that she is in the middle of a delivery (i.e., begin the role play).**
- **Use the instructions on the slide to tell the rest of the group that they are providers, and should feel free to tag in to try and help this delivery go smoothly.**
 - During this scene, make sure the “poorly performing provider” is participating. If they are not actively participating, you should approach them and prompt them to participate. The role play scenario should end when the group feels that the situation has been adequately managed.
- Use the discussion prompts on the slides to facilitate discussion after the role play is complete, and repeat for all scenarios.

Goal Setting Section

Instructions: Print 1 copy of the goal setting activity below per workshop participant. Follow the directions in the slide to go through the activity

CLIENT CHARACTER: THANDI

The labor room was chilly on a grey morning. Tile floors did nothing to insulate from the thick, damp cold seeping through the sheet on rickety hospital beds. Thandi is a young woman of 16 who is unmarried and pregnant with her first child. She is scared. She has been in the hospital all night and just spent many hours in labor trying to deliver vaginally. She is spread on the bed and is feeling severe pain. The previous nurse who attended to her made a comment that she is too young to be having a child. She does not want to labor anymore and does not want to lie on her side while she is waiting. A new doctor whom she has not met before comes in and even before greeting her, asks her to lie on her side and tells her she'll need to push soon.

POORLY PERFORMING PROVIDER CHARACTER

MATCHING CLIENT: THANDI

Your Character: You are a new doctor in the facility and have not met the client before, but you have heard from other colleagues that she is young and unmarried. You are attending to her labor.

Your Goals & Objectives: Get the client to lie on her side by whatever means necessary.

Your Mood, Sentiment and/or Behavior: You dislike when young clients do not listen to instructions. Your behavior is that you always yell at clients to do things. You should only use a yelling voice in this scene.

CLIENT CHARACTER: CYNTHIA

As soon as she felt labor was beginning with her twins, Cynthia met with a traditional midwife in her community who assured that she could speed the process by giving her herbs. But the birth proved to be too difficult for the community midwife to handle and Cynthia was sent to the clinic. She arrived at the clinic and was immediately scolded for taking herbs. The rooms in the facility building are small, noisy, and congested. The second provider she met in the clinic took her to a bed in a room with 6 other women delivering. The room had no door or sheets between the women's beds. Cynthia is frustrated because she is scared and in pain. She demands to have a sheet around her bed for privacy, but the providers tell her there is not enough time because the herbs are going to make her deliver soon.

POORLY PERFORMING PROVIDER CHARACTER

MATCHING CLIENT: CYNTHIA

Your Character: You are a doctor assigned to help a woman who's carrying twins deliver. The woman has taken herbs from someone in her community to speed her delivery.

Your Goals & Objectives: You must help the woman deliver safely and quickly. You will not answer to any other requests from the client – especially those related to privacy.

Your Mood, Sentiment and/or Behaviour: Your mood is annoyed because you dislike when clients use herbs. You should use an annoyed or rude tone whenever you talk. You should continuously scold the client for taking herbs (at least 2 times during the role play).

CLIENT CHARACTER: CHIPO

Chipo is 35 years old and lives in Lusaka. She completed her undergraduate studies with distinction. She is married. During her third pregnancy she visited her doctor every two months for checkups and was fine until the time of delivery. When she started labor, she went to the health center in the neighborhood next to hers, where she was told that she was late for that day and would have to come back the next day. Her pain increased on the second day. She arrives at the facility and is told she will give birth within two hours. She is told to walk the corridors of the hospital to facilitate the process of childbirth. She is examined by one doctor and then a second doctor comes in and asks again to examine her. She says that she had just been examined, but the second doctor insists. A while later the first doctor comes back and wants to examine her again. She's now been waiting for two days and has been examined countless times. She doesn't want to be examined anymore, and doesn't want the doctors to keep switching and leaving her without consistent care. She is angry.

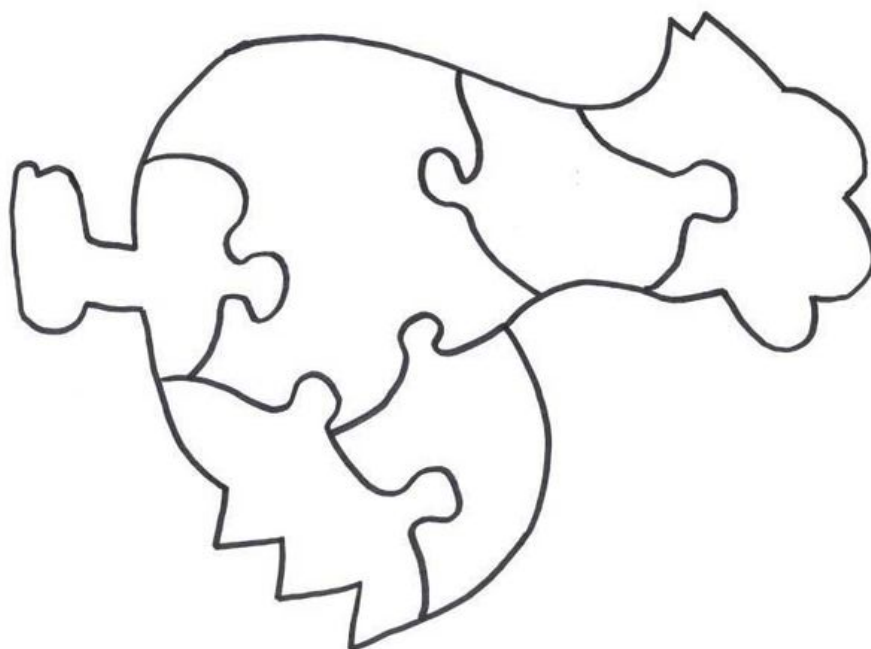
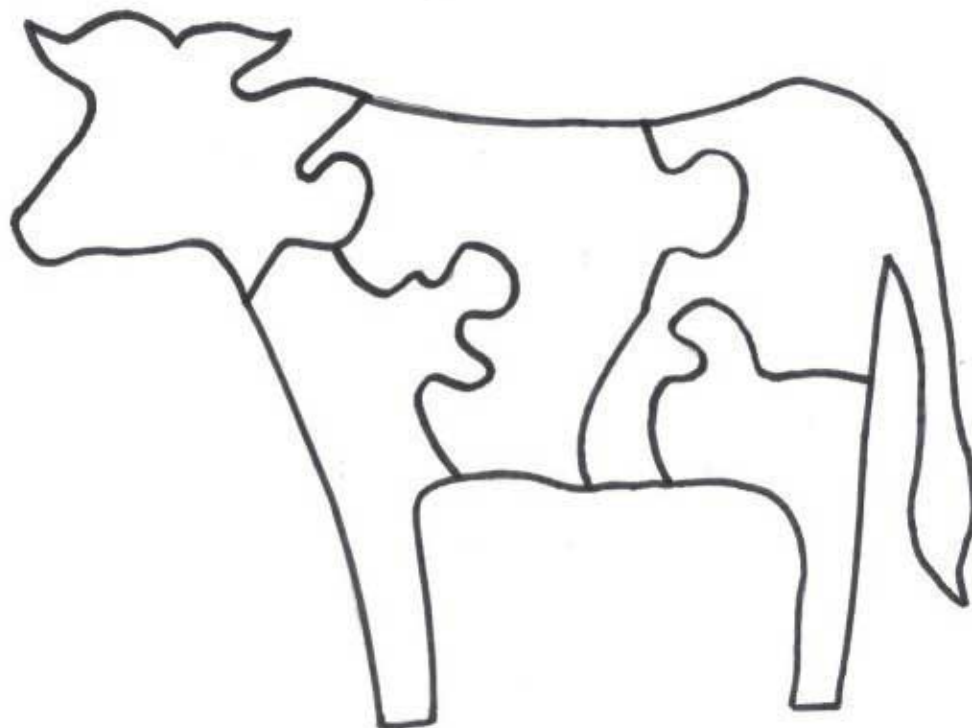
POORLY PERFORMING PROVIDER CHARACTER**MATCHING CLIENT: CHIPO**

Your Character: You are a nurse-midwife who is new to the profession and just came on shift.

Your Goals & Objectives: You need to examine the client by whatever means necessary. You want to do this as quickly as possible. Your goal is to examine her without answering any questions.

Your Mood, Sentiment and/or Behaviour: Your mood is rushed, busy, and inattentive. You should talk to this client only for very short amounts of time, and never use more than 3-4 words to answer her questions. You don't think clients should know about the reasons for their specific treatment.

Instructions: Print one copy of page 8 (puzzle game) and page 9 (goal setting) per participant.



My Commitment to Provide Good Patient Care

My name is _____ . The facility where I work is _____ .

1. One thing I enjoy about being a provider is _____ .
2. One thing I think I am good at doing is _____ .
3. One way I want to help women have a safe and enjoyable birth experience is by _____ .
4. I will do this by _____ .
5. One thing I want to improve about my own service provision to improve the experience of clients is _____ .
6. One way I will try to do this is _____ .
7. One of the tools I want to practice using is _____ .
8. One way I will make sure I can use this tool is by _____ .
9. One way I can help other providers provide more respectful and safe care is _____ .

BETTER Pain relief helps to promote a fast delivery and healthy mother and baby

					
B reathe	E ncourage	T urn	T hink	E	R ub
Kufudza	Kulimbikitsa	Khazikani mtima pansi	Ganizirani za zinthu zabwino		Kutoba
slowly (latent stage) quickly (active stage)	praise and reassure mother	change position, walk around	of something positive like family or baby		mother's lower back with hand or ball

*Ask me to do one of these things for you, I am here to help you.
Ndifunseni kuti ndichite chimodzi mwa zinthu izi, ndikubwera kudzakuthandizani.*

Breakthrough RESEARCH Zambia
July 2019

Reflection Workshop

FACILITATOR NAME

DATE AND ORGANIZATION



Section I: Introduction

2

This section should take 15 minutes in total

Why are we here today?

- To share stories and learn from one another
- To support you in providing better care to women during delivery, and discuss what better care looks like
- To understand how helping clients manage pain during childbirth will facilitate a better delivery for you and the client

3

These are the objectives

Introductions

- **Ice breaker**
 - Tell us your name, favourite food, and something about yourself that others might not know
- **This is a safe space**
 - We want everyone to feel safe sharing
 - What we discuss today & tomorrow stays in this room
 - We're handing out a promise pin as a symbol of the safe space
- **Setting ground rules**

4

The facilitator should share first during the introductions to encourage active discussion. The sharing of something about yourself in the ice breaker can be something silly

If the materials are available, during the discussion of safe space, the facilitator can hand out a token (e.g., pin for uniforms) that signifies that providers agree that this room today is a “safe space.”

- This token acts as a “promise” for today’s activity and could also serve to unite providers and/or as a reminder for providing respectful care on the maternity ward.
- The facilitator should encourage providers to continue to wear the pin (e.g.) even after the workshop is over.

If it is customary in the setting, the facilitator can have participants set their own ground rules for the day.

Agenda

- Introductions ✓
- Sharing stories from the maternity ward
- Games & activities
- Role playing labor scenarios
- Introduction to tools
- Goal setting activity

Note that we'll have lunch and a tea break in here somewhere too.

Section 2: Sharing Stories

6

This section can take 1 hour total

Internal note for facilitator

Objectives of this section:

- Discuss successes in providing care
- Identify challenges in providing care, and times that providers have provided poor and/or disrespectful care
- Build providers' self-image and re-affirm their identities as providers who deliver good & respectful care

Success stories during delivery

Brainstorm: What does good care during delivery look like?

Share a story about a time...

- When you observed another person providing exemplary care and support to a woman in the ward
- When a woman thanked for your work after delivery
- When you had a particularly good relationship with a client during delivery

7

First, we will brainstorm together what good delivery care looks like. Ask *“What does good care look like / entail?”* Use the flip chart and write up what providers speak about when they talk about good care.

Once you have a sizable list, we’ll move to the share out section.

- Ask women to share out stories
- After each question is shared, ask everyone else *“Has anyone else had this experience? Please raise your hand if you’ve ever done this too, or if you’ve seen someone else do this”*
- For each question, prompt women to explain **why, what they specifically did in this situation, and how this made them feel.**

Success stories during delivery

Some examples of good care could include....

- Respecting the client and providing care free from ill treatment
- Respecting the client's privacy and confidentiality
- Asking for consent for treatments and acting in accordance with the client's treatment preferences
- Not discriminating against the client for any reason

8

Discuss that for a client receiving good care is about more than clinical outcomes.

Prompt for discussion (if there is time):

“Think back to your own labor experience- or to the experience of your partner or the many women whose deliveries you have attended- what did you value most or what do you believe are things that women most often look for?”

Difficult stories during delivery

Brainstorm: What could bad care during delivery look like?

Share a story about a time...

- When you've seen someone do something to a client on the maternity ward that made you feel uncomfortable
- When you've interacted with a client in a way that you wish you hadn't

9

READ:

Most providers intend to provide good care to clients, but sometimes this doesn't happen

First, we will brainstorm together what bad delivery care could look like. Ask *“what are some things that would be considered bad/poor care”* *“what should you avoid doing during a delivery”* Use the flip chart and write up what providers speak about when they talk about bad care.

Facilitator guide: Once you have a sizable list, we'll move to the share out section. Ask women to share out.

Question one – something uncomfortable:

- Clarify that this could be during your training or at any facility you've worked in.
- Why did this make you feel uncomfortable?
- What do you think could have been done differently?

Question two – interacted:

- What happened?
- How did this make you feel?
- What do you wish you had done instead?

After each question is shared, ask everyone else *“Has anyone else had this experience? Please raise your hand if you’ve ever done this too, or if you’ve seen someone else do this”* For each question, prompt women to explain **why, what they specifically did in this situation, and how this made them feel.**

For the facilitator- if no one is willing to share:

- Remind providers that this is a safe space
- Prompt them with examples you’ve personally seen
- Call on a supervisor be the first one to share

** To not end on a negative note mention something about having this be a space to discuss and share strategies for how to provide the best care to women- that we’ll be sharing some solutions to help and seeking that other share their advice on how they deal with difficult situations.

** Reaffirm positive identity.

What can bad care look like?

*For example, **bad** care could include...*

- A lack of privacy
- Shouting at or scolding
- Physical abuse
- Refusing to provide the client with care they request
- Doing something against the client's will (e.g., a caesarean)

10

We can see that you all want to be good providers and provide respectful care to women

But, sometimes it is hard to provide good care, and providers sometimes provide disrespectful care

Again, from the perspective of the client this is about more than clinical outcomes (for example...read the list)

Note that there is a global movement and many countries are prioritizing respectful care during delivery.

Examples of respectful care

- Giving assistance during delivery
- Encouraging the client during labor and not scolding or shouting
- Examining the client multiple times over the course of labor
- Going to the client when called for help or in times of need



Even in challenging times, there are some ways we try our best to provide good and respectful care.

These examples listed are examples of what can be done during the second & third stage of labor – like the stage described in the story.

Prompts for discussion (if there is time):

What else might good and respectful care include? These could be added to the paper flip chart on the wall if you'd like.

What about other times in the labor (when the client arrives, during the first stage, post labor)?

Note that later in the workshop (tomorrow primarily), we'll be sharing some solutions to help you provide good respectful care, and will be hoping that you'll continue to share you advice on how you deal with difficult situations throughout the workshop.

Section 3: Games & Activities

12

This section should take 1 hour

Internal note for facilitator:

Objectives of this section:

- Build empathy for clients
- Understand how pain affects women's behaviors during childbirth
- Build self-image and re-affirm their identities as providers who deliver good & respectful care

Thank the providers for sharing their stories and being open to discussions and learnings. Explain that we will now be doing more fun games and activities.

Circle Game

Instructions

- Close your eyes
- If the statement read is true for you, step into the middle of the circle
- Then, we all open our eyes



13

Activity objective

- Recognize similarities with clients
- Build empathy towards clients

Directions

- For this first game, let's all stand around in a circle, facing each other
- How it works is: we'll all close our eyes, and one person reads out a statement
- If that statement is true for you, you can step into the middle of the circle
- Then, we all open our eyes
- Let's try an example: close your eyes – "Today I am wearing something blue" – open your eyes

Read through the list of prompts!

Discussion:

- How did this activity make you feel?
- How might this apply to your work as a provider of care during labor/delivery?
- Facilitators should pull out specific instances which might reaffirm providers' positive identities AND engender empathy
 - E.g., All of us said we were proud to be midwives, and we all care about making sure that mothers and babies are happy and healthy. But even though we are good midwives, we still make mistakes. We still get frustrated and say things we later wish we hadn't.

- E.g., Those of us who are mothers also know how difficult it is to follow instructions when you are in pain.

Puzzle Game

Instructions

- Find a partner
- Help your partner complete the puzzle
- There will be two rounds



14

Activity objective

- Build empathy towards clients
- Understand how pain affects us, and how pain may make women unable to listen to direction during childbirth

Directions

Round one

- Everyone partner up and we are going to be completing a task together
- Give each pair of partners “puzzle pieces” – i.e., pieces of paper with lines on them
- Have pairs choose who will be giving the instructions and who will be following
- Give the “instruction giver” a paper which shows how the end puzzle should look when put together
- Have them give instructions to the other person to put the puzzle together

Round two

- Switch places
- This time the instruction follower has to wear a blindfold (hand out blindfolds to the participants)
- Mix up the puzzle pieces and do again
- **Surprise** – in addition to the blindfolds, the facilitator will blow an airhorn / vuvuzela sporadically throughout the activity. The loud noise will simulate

“pain” during childbirth.

DISCUSSION PROMPTS

- How did it feel to do the puzzle the second time?
- Why was it so much harder than the first time?
- Why were you frustrated?
- This is meant to resemble pain:
 - When you’re in pain, you can’t think clearly because something is taking up your attention
 - You can’t listen to directions and you may feel vulnerable
 - This resembles what women in pain during childbirth may be experiencing
- How might this apply to your work as a provider of care during labor/delivery?
 - When someone is in pain, it makes it difficult to listen to instructions
 - When someone feels vulnerable, it makes it difficult to listen to instructions

Section 4: Role Playing

15

Facilitator to explain: We've talked a lot about good care and bad care, and why clients in pain might be more difficult to care for respectfully and safely. Now we'll practice providing good care in difficult delivery situations.

Internal note for facilitator

The rest of these instructions are also explained in greater detail in the facilitation packet. You should use the packet as your primary guide.

Part one- selecting provider characters:

- Ask for 3 volunteers from the group.
- Take these volunteers into a different space.
- Read the text in facilitators packet to ask the 3 chosen providers if they would want to play the providers.
- Hand out the provider cards. Read the text in facilitators packet to explain the provider cards.
- Go back into the workshop space with the volunteers.

Role playing

Instructions

- “Clients” will sit at the front of the room, and take turns role-playing their delivery scenario
- Providers must go help the client through her delivery
- When you see another provider at the front who looks like they need help managing the situation, you can...
 - Go up, tap their shoulder and take their place, or
 - Join as a second provider and offer them guidance.

16

Facilitator to read –

- For this activity we’re going to role-play a few delivery scenarios
- We have a few delivery scenarios written up & we will take a few volunteers to play “clients”
- The clients will sit at the front of the room, and take turns role-playing their delivery scenario
- You all – the providers – will be playing as yourselves & you can go to help the client through her delivery.
- One person will start with helping the client at the front of the room
- When you see a provider at the front who looks like they need help managing the situation, you can either (a) go up and tap their shoulder and take their place, or (b) join as a second provider and offer guidance.

Part two – selecting client character:

- Does anyone want to be a client first? I will give you the role play card & you’ll read the scenario aloud (refer to facilitator packet for instructions).
- Give them a role play card
- Use the following prompts to facilitate group discussion on why the “client” might be feeling a particular way.

Facilitator prompts to ask the group after the client’s story is read –

- Why do you think that the client felt this way?

- How would you be feeling if you were in a similar situation as this client?
- How might your context make you behave?
- How might your situation make you interact with the provider in a particular way?

Begin the role play (detailed instructions in packet).

AFTER EACH ROLE PLAY – USE THE FOLLOWING PROMPTS TO PROMTE DISCUSSION:

After each role play, you can prompt providers to discuss...

- (Ask the client) How did you feel as the client?
- (Ask providers who participated) How was this situation difficult to handle?
- (Ask the group) What did you see being done that was good practice?
- (Ask the group) Are there other ways you could have handled the situation?

*****At the end of each round, ask the poorly performing provider to come up and explain their role.**

- (Ask the group) Have you ever been in a similarly difficult scenario and behaved this way?
- (Ask the group) How might it have been easy to provide poor / disrespectful care in this situation?
- (Ask the provider) How did you feel behaving this way?

Lunch

17

Break for 1 hour & 15 minutes
(back at 13:30)

Agenda

- Introductions ✓
- Sharing stories from the maternity ward ✓
- Games & activities ✓
- Role playing labor scenarios ✓
- Introduction to tools
- Goal setting activity

Section 5: Introduction to the Pain Management Toolkit and other Patient Tools

19

This section should take 1 hour & 45 minutes in total
There will be a tea break in the middle

Introduction to the Pain Management Toolkit and Other Patient Tools

- We have designed some tools that may help you and providers you oversee to better manage women's pain during childbirth, and provide better care during delivery
- We will go through each of the tools, identify times when they will be useful and learn how to use them in practice

20

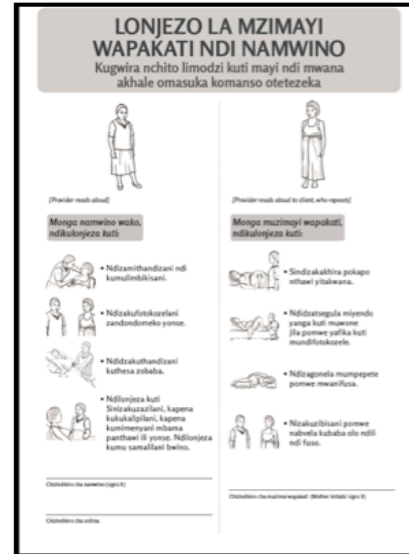
10 min for this section

Tools

- Provider-Client promise
- Feedback box
- Pain Management Toolkit
 - Technique manual
 - Technique poster
 - Partograph guide
 - Back rub ball

Provider-Client Promise

- Clarifies expectations for labor and delivery between midwife and client
- Reassures clients of care they will receive
- Facilitates dialogue with clients around what may be asked of them during labor and delivery, and why



20 minutes for this section

Facilitation guide:

- Explain what the card is generically
- Explain what it's goal is:
 - It is important that providers and clients have a clear understanding of what each is expected to do during the labor process in order to guarantee a safe delivery.
 - This simple promise seeks to clarify expectations of the delivery on the side of both provider and patient during the admission process, reassure patients of the treatment they should receive, and facilitate dialogue with patients around what they may be asked to do during the delivery and why this is important for a safe delivery.
- This is a good place to re-emphasize yesterday's discussions around empathy and how this tool might help build empathy between the provider and the client

Implementing the Provider-Client Promise...

- When a client arrives to the maternity ward, the provider reads provider promises out loud and asks the patient to repeat the four patient promises. Each one then signs or initials the card.
- A copy of the Promise should be part of the admission materials filled out when a client arrives to the maternity ward.
- A signed copy of the Provider-Patient Promise should remain with the paperwork of each patient.

23

Facilitator - ask different participants to reach out-loud the different bullets, and pause for questions between each bullet.

Implementing the Provider-Client Promise

- A copy should be shared with SMAGs to share in communities.
- A copy should be given to midwives in charge of ANC so that they can share it with pregnant patients before they arrive for delivery.
- A poster-sized copy of the Promise should be hung in each of the following places and be visible to both provider and patient:
 - In the delivery room in the maternity ward near where providers admit patients
 - In the antenatal ward in the maternity ward
 - In the postnatal room in the maternity ward

Troubleshooting the Promise

- If a patient does not want to sign or initial, or is unable to do so for whatever reason, this space may be left blank.
- If a woman arrives very late in labor, the promise may be skipped though this should only occur in exceptional cases.
- If the shift of one provider ends and another provider takes over looking after the delivery of the patient, this provider should review the promise with the patient briefly and sign their name in the other box at the bottom of the page.

25


For the facilitator: an extension of the last bullet point-> When we say “if the woman arrives late”, it means too late in her delivery so there is no time to fill out other routine admission paperwork

Role of clinical mentors for the Promise

- During supportive supervision visits, the clinical mentor should review patient files and ensure that each one has a signed Provider-Patient Promise in the admission paperwork.

Practice the Provider-Client Promise

LONJEZO LA MZIMAYI WAPAKATI NDI NAMWINO
Kugwira nchito limodzi kuti mayi ndi mwana akhale omasuka komanso otetezeka


(Provider male client)

Monga namwino wako, ndikufunjeza kuti:

- Ndiramthandizani ndi kumumbikizani.
- Ndirakufunjezani zandondomeko yomwe.
- Ndirakufunjezani kuthera zothaba.
- Ndironjeza kuti Sitrakuzaziani, kapena kukakipitari, kapena kumimanganyi ndi ana panthawi ili yomwe. Ndironjeza kuti komanso samalilani bwino.

Chimodzi cho namwino wako (Shirika) (Date)

Chimodzi cho namwino wako (Shirika) (Date)


(Provider male client to client, who reports)

Monga mzimayi wapakati, ndikufunjeza kuti:

- Sindizakakira pokapo zithari yalawana.
- Ndiratsegula niyendo yanga kuti mwasine jira pomwe yafika kuti mundifotokozese.
- Ndiragonela mumpopepe pomwe mwasifika.
- Nizakurubisani pomwe ndiwa kababa oti ndili ndi foni.

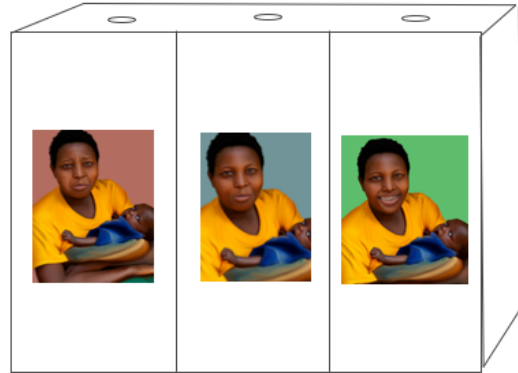
Chimodzi cho namwino wako (Shirika) (Date)

Chimodzi cho namwino wako (Shirika) (Date)

We're going to take 3 min and with the person next to you, practice reading the promise card out loud and signing it. You should each take a turn being the provider & the client.

Feedback Box

- Each client will be invited to share satisfaction with her delivery experience by depositing feedback tokens into the Box.
- This will allow the facility to understand how patients feel about care, improve services and recognize good performance.



20 minutes for this section

Goals of the box:

- The feedback box is a simple mechanism to invite each woman who delivers in the facility to let the staff know how she felt about the care she received by dropping a token into the slot of the box which represents her level of satisfaction.
- This will allow the facility to understand how all patients feel about the care they are receiving in order to improve services and recognize good performance in the facilities.
- Remind providers here that good care is about more than clinical outcomes, and also about respectful care and having empathy for the clients.

Implementing the Feedback Box...

- The box should be placed in a location where:
 - Patients will see it before they leave.
 - Clients have privacy so that providers cannot see where they place the token.
- A stack of reusable tokens should be available to providers so that they can give one to each patient upon discharge.
- Upon discharge, every patient should be given a token to “vote” on how she feels about her experience.

29

Facilitator- ask different participants to reach out-loud the different bullets, and pause for questions between each bullet.

Implementing the Feedback Box

- The patient should be told that the facility is interested in understanding how she feels about the care she received in order to improve services for all women.
- She should be instructed to drop her token in one of the three slots which best represents how she feels about how she was treated in the facility.

30

Facilitator - ask different participants to reach out-loud the different bullets, and pause for questions between each bullet.

Role of the nurse in-charge

- Each month the in-charge should open the box and count how many tokens were dropped in each of the slots. The tokens will be removed from the box so that they can be reused.
- During the monthly meeting with all of the providers, the in-charge should share the results.
- The in-charge should recognize good performance by providers.
- The team of providers should discuss why they believe they had the results they did in the month and what they could do to improve.
- The in-charge should close the box again so that it cannot be opened by anyone else until the following month.

31

Facilitator- ask different participants to reach out-loud the different bullets, and pause for questions between each bullet.

Role of the clinical mentors

- Clinical mentors should support each facility in identifying an appropriate location for the box.
- Clinical mentors or staff from the district should occasionally arrive at the facility the day the feedback box will be opened in order to monitor the results of the facility.
- Clinical mentors or district staff could also discuss with the in-charge what ideas the providers had to improve their performance and what they may need in order to improve performance.

32

BRAINSTORMING QUESTIONS

What are some places that may be appropriate in the facilities you work in?

What are some ways you may talk with a nurse in-charge about making improvements to their facility's performance?

Pain Management Toolkit



45 minutes for this section

Facilitator to read

- Helping patients manage pain (with non-pharmacological measures) during childbirth is an important function of providers to ensure a safe delivery and quality care.
- When a woman is experiencing pain, she may behave in ways which could put her health or the health of her baby at risk.
- When providers can give support to women when they experience pain, women will have a better experience and be more likely to trust providers and able to follow important instructions. Reinforce conversations around empathy.
- There is also evidence suggesting that better pain management improves health outcomes for mother and baby.

Facilitator – the last “tool” is a pain management toolkit which includes...

- 1) A manual of techniques for pain management – to help providers learn how to manage clients’ pain and understand supporting evidence
- 2) A poster to remind providers of the techniques and to prompt women to ask for help
- 3) A partograph for providers to understand when in labor they could use different pain management techniques
- 4) Balls that providers can use to give pain relief massages

Pain Management Toolkit

- Improve client experience by supporting providers to manage clients pain during delivery
- Facilitate work of provider by addressing pain that interferes with client cooperation
- Incorporate pain management as part of routine patient monitoring and clinical care

34

These are the goals of the toolkit

Pain Management Toolkit: Poster

BETTER Pain relief helps to promote a fast delivery and healthy mother and baby

B reathe	E ncourage	T urn	T hink	E	R ub
<i>Kufudza</i>	<i>Kulimbikitsa</i>	<i>Khazikani mtima pansi</i>	<i>Ganizirani za zinthu zabwino</i>		<i>Kutoba</i>
slowly (latent stage) quickly (active stage)	praise and reassure mother	change position, walk around	of something positive like family or baby		mother's lower back with hand or ball

Ask me to do one of these things for you, I am here to help you.
Ndifunсени kuti ndichite chimodzi mwa zinthu izi, ndikubwera kudzakuthandizani.

35

The toolkit centers around the acronym BETTER:

- B – Breathe
- E – Encourage
- T – Turn
- T – Think
- R – Rub

The first element of the toolkit is a poster.

Implementing the Poster

- A copy of the poster should be hung in each of the following places in a location visible to both provider and patient:
 - Next to each patient bed in the delivery room of the maternity ward
 - In the antenatal ward in the maternity ward
 - In the room where antenatal consultations are conducted
- Should the poster be damaged and unable to be read, it should be replaced with a new poster

36

Facilitator - ask different participants to reach out-loud the different bullets, and pause for questions between each bullet.

Discussion -

How might these techniques be useful for providers to help women in labor?
Can you think about where in your facilities these posters should hang?

Pain Management Toolkit: Technique Manual



37

FACILITATOR TO READ:

- Each midwife, nurse, doctor, or other individual who supports deliveries should receive a copy of the BETTER Pain Management Technique Manual during the Reflection Workshop.
- You – as clinical mentors – will go over the techniques with the women.
- If a staff member is unable to attend the Reflection Workshop or should they be new to the facility, one of the clinical mentors should meet with this staff member and use the “Supplemental Guide” material to explain how to use the manual. This staff member should then be given a copy.

Implementing the Manual

- Each midwife, nurse, doctor, or other individual who supports deliveries should receive a copy of the BETTER Pain Management Technique Manual.
- If a staff member loses the manual and requests a replacement copy, they should be provided a new copy.
- Copies may also be given to the midwives in charge of providing antenatal care in the facility in the case they want to explain the techniques during antenatal care visits.

38

Facilitator- ask different participants to reach out-loud the different bullets, and pause for questions between each bullet. =

We will look through the manual together in a bit, but first I want to explain the last 2 tools, as all of the Pain Management Toolkit will be implemented together.

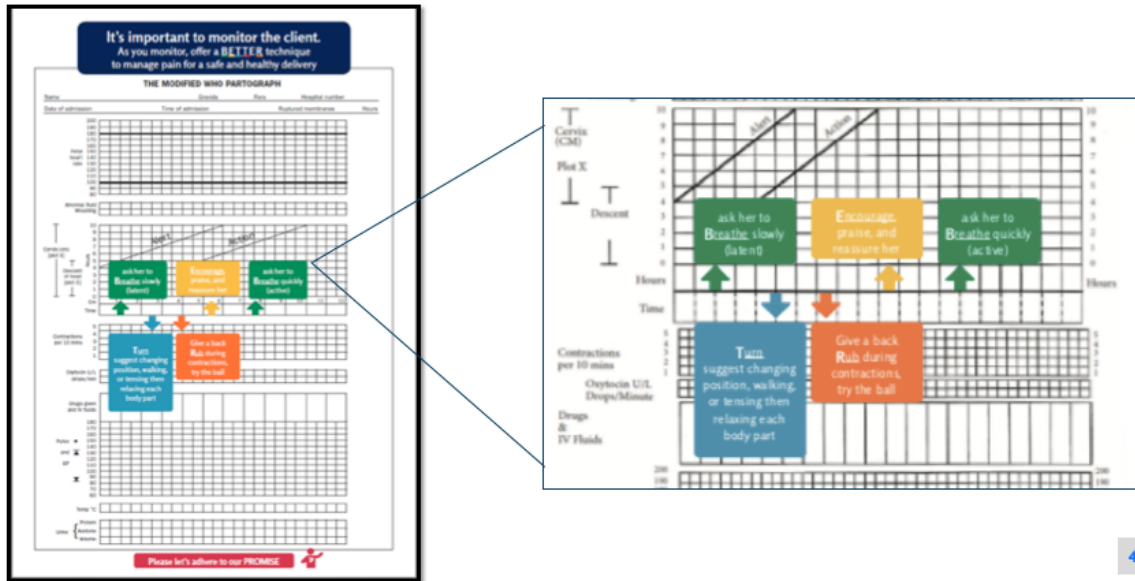
Tea Break

39

Break for 25 minutes
(back at 15:15)

When we come back we'll be discussing the partograph and balls, and practicing using some of the tools.

Pain Management Toolkit: Partograph Guide



- Next part of the toolkit is a partograph guide
- It shows how providers can manage clients pain throughout labor

Implementing the Partograph

- A copy of the BETTER Partograph Guide should be displayed in a visible location by the desk of each provider in the labor ward, where the regular partograph and other clinical records are filled out.
- This is meant to be a visual guide, it is not meant to be used in place of the regular partograph.
- Should this guide be damaged, a new one should be put in its place.

41

Note: If providers ask why “T” is not included, you can tell them....

- By the time they are actively recording in the partograph the time for Think (distraction) may have passed.
- The partograph is also intended to emphasize the more potent pain management pieces such as breathe and rub.

Pain Management Toolkit: Back Rub Ball

- Each provider should be given a ball for back rubs which they may put in the apron of their uniform or in another convenient location.
- The provider may use the ball during back rubs for the patient or may show the patient how she may rub her own back.



42

Facilitator- ask different participants to reach out-loud the different bullets, and pause for questions between each bullet. =

Implementing the Back Rub Ball

- The provider is responsible for ensuring that the ball is appropriately sanitized between patients to avoid infection.
- Should the ball be lost, the provider should request a new one from the clinical mentor.

43

Facilitator - ask different participants to reach out-loud the different bullets, and pause for questions between each bullet. =

Pain Management Toolkit



30 minutes for this section

Facilitator –

Hand out the manuals and partographs.

Now we're going to take 10 minutes and look through the manual with a partner / in small groups.

I'll be walking around to answer any questions.

(After 10 minutes – bring the group back together)

Discussion prompts –

Can anyone tell me something they especially liked about the tool kit?

Can anyone tell me something that they think will be useful for providers?

When are some times the ball may be helpful?

Get creative with prompts

Section 6: Goal Setting

45

This section should take 30 minutes in total

Lastly – were going to do a goal setting activity

You'll also do this with providers when you lead the workshop.

Goal Setting Activity

My Commitment to Provide Good Patient Care
My name is _____ The facility where I work is _____

1. One thing I enjoy about being a provider is _____
2. One thing I think I am good at doing is _____
3. One way I want to help women have a safe and enjoyable birth experience is by _____
4. I will do this by _____
5. One thing I want to improve about my own service provision is _____
6. One way I will try to do this is _____
7. One of the tools I want to practice using is _____
8. One way I will make sure I can use this tool is by _____
9. One way I can help other providers provide more respectful and safe care is _____

BETTER Care makes babies to grow up a lot healthier and healthy mother and babies

USAID

46

Internal note for facilitator:

- Each provider and the in-charge will set goals for themselves, and sign a commitment letter stating his/her commitment to improve the experience of care for patients.
- This activity reaffirms providers' commitment to providing good patient care

Hand out the goal setting card

This card has space for you to write in some values you believe in as a provider, and your goals for providing good care

Let's take 15 minutes and fill out the cards by ourselves. You don't have to do all the prompts now. You can think carefully about them and bring this sheet home with you.

Discussion (afterwards)

- Does anyone want to share out what they've written on their card?
- Why is this goal important to you?
- Can the tools help you meet your goal? How?
- Remember the pin we all received at the beginning of the day
 - It can also serve to you as a reminder of your commitment to provide good care.
 - You can keep your pin and wear it on your uniform as a reminder of today's workshop

Questions?

THANK YOU

Jana Smith – jana@ideas42.org

Rachel Banay – rbanay@ideas42.org



[BreakthroughAR](#)



[@Breakthrough_AR](#)



[Breakthrough_AR](#)

<https://breakthroughactionandresearch.org/>

Breakthrough RESEARCH catalyzes social and behavior change (SBC) by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.

Breakthrough RESEARCH is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-17-00018 . The contents of this document are the sole responsibility of the Breakthrough RESEARCH and Population Council and do not necessarily reflect the views of USAID or the United States Government.



Supplemental Guide for Respectful Maternity Care Solutions

INSTRUCTIONS FOR CLINICAL MENTORS TO LEAD THE SUPPLEMENTAL GUIDANCE TRAINING

If a staff member (midwife, supervisor or anyone attending births) is unable to attend the Reflection Workshop or should they be new to the facility, one of the clinical mentors should meet with this staff member and use this “Supplemental Guide” to conduct a training with the staff member in which they will run through an abbreviated Reflection Workshop and explain each tool to the staff member.

This training should take approximately 2 hours, and should be done within 2 weeks of the Reflection Workshop or within 2 weeks of when the new staff member joins the facility. Clinical mentors should use the text below to discuss the Reflection Workshop and explain each of the tools to the providers.

Clinical mentors should bring the following items to the Supplemental Guidance training:

- BETTER provider pin – for the provider to keep
- Copy of the Provider-Client Promise
- Copy of the BETTER poster and partograph (alternatively, you can conduct the training in a place where you will be able to see the poster and partograph)
- BETTER pain management manual – to give the provider to keep
- Back rub ball – to give the provider to keep
- Goal Setting activity sheet (and a writing utensil) – for the provider to keep

How to use the guide:

This guide will serve as a script and should be read out loud with the provider, pausing for their response to questions along the way. Be sure to reference the appropriate tools and resources when instructed.

SECTION 1: INTRODUCTION

Our facility has begun implementing a set of solutions aimed to improve the experience of women during childbirth. We held a Reflection Workshop to introduce these solutions to facility staff, and you were unable to attend. In today’s training, we will go through some of the activities conducted in the workshop, and I will teach you how to use the tools in practice.

Supplemental Guide for Respectful Maternity Care Solutions

- During today's training, everything you share will be confidential.
- This is a safe space and you should feel free to share any of your experiences with me.
- This pin signifies this training today is a safe space. This pin is for you to keep.

[Give the provider the BETTER pin. This pin is for the provider to keep.]

- You can wear this pin on your uniform.
- You may also see other providers wearing this pin and it might serve as a reminder that you all attended this training.

SECTION 2: ABBREVIATED REFLECTION WORKSHOP

Stories of good care during delivery

We are going to start by sharing some stories about providers who've provided good care during delivery. Can you share a story...

- When you observed another person providing exemplary care and support to a woman during labor or delivery?
- When a woman thanked for your work after delivery or you had a particularly good relationship with a client during delivery?

[For each question, prompt the provider to explain why and what they specifically did in this situation, how did it make them feel?]

Good care is about more than just clinical care. To a woman in delivery, many other things matter than clinical outcomes. Other things that could be considered good care are...

- Respecting the client and providing care free from ill treatment
- Respecting the client's privacy and confidentiality
- Asking for consent for treatments and acting in accordance with the client's preferences
- Not discriminating against the client for any reason

Can you think of other similar examples of good care? Can you share what these might be?

Stories of poor care during delivery

Most providers intend to provide good care to clients, but sometimes this doesn't happen. Some examples of bad care during delivery might include:

Supplemental Guide for Respectful Maternity Care Solutions

- A lack of privacy
- Shouting at or scolding the patient
- Physical abuse
- Refusing to provide the client with care they request
- Doing something against the client's will (e.g., a cesarean)

What are some other things that might be considered bad care?

Can you share a story...

[If provider, struggles or is hesitant to provide examples, share the example story in Box 1]

- When you've seen someone do something to a client that made you feel uncomfortable?
- When you've interacted with a client in a way that you wish you hadn't?

Providing respectful care during delivery

Even in challenging times, there are ways we try our best to provide good and respectful care. For example, providers can...

- Give assistance to women during delivery
- Encourage the client during labor and not scold or shout at them
- Examine the client multiple times over the course of labor
- Go to the client when they call for help

[For each question below, engage the provider in discussion and prompt the provider to explain why they believe this is an example of good and respectful care.]

Box 1: Example Story of Poor Care

One client was laboring in the hospital and described calling the midwife to no avail: "she wasn't there. She was just sleeping in [the cubicle]". Another mentioned that midwives "don't pay attention to the patients...[they say] 'we just don't care – I was not there when you were making this baby.'"

→ *Discussion prompts: Why do you think this is a good example of poor care?*

Supplemental Guide for Respectful Maternity Care Solutions

- What else might good and respectful care include?
- Can you think of something respectful that you could do for a client when they first arrive at the facility?

[Consider sharing example in Box 2]

Later in this training, we'll be sharing some solutions to help you provide good respectful care, and are hoping that you'll continue to share your advice on how you deal with difficult situations throughout this training.

The influence of pain and building empathy for clients

During the reflection workshop we held with all staff, we did some activities together that aimed to teach us how clients' pain during childbirth might influence their behavior.

When someone is in pain, they can't think clearly because their pain - and their fear of the pain - is taking up their attention. Pain makes us feel vulnerable and makes it hard to listen to directions.

[For each question below, prompt the provider to explain why and what they specifically did in this situation, how did it make them feel?]

How might this apply to your work as a provider of care during labor/delivery?

- Can you tell me story about a time that you've seen a woman in labor, in pain, struggling to listen to instructions?
- Can you tell me story about a time that you've seen a woman in labor, in pain, who was scared?
- Did you - or your partner or someone you know - ever struggle with pain during childbirth? Tell me a little about this experience?

In addition to pain, there are many other reasons that a woman who is in labor may be behaving in a way that makes it difficult to provide her with good care. We are going to read a few stories about women's experiences together.

[Have the provider - if they are able to - read the stories on the page below aloud. Otherwise you should read the stories aloud to the provider. After each story, go through the following discussion prompts with the provider.]

Box 2: Example Story of Respectful Care

We observed a midwife who provided positive encouragement to a client whose labor was complicated and who was having trouble mustering energy to push. After the birth, the midwives narrated the process of stitching the client's tear aloud to keep the client informed and calm.

→ *Discussion prompts: Why do you think this is a good example of providing respectful care? How might narrating stitching help the client*

Supplemental Guide for Respectful Maternity Care Solutions

Discussion prompts:

- How would you be feeling if you were in a similar situation as this client?
- What factors in your context might make you feel that way?
- How might your situation make you interact with the provider in a particular way?
- How could you provide respectful care to the client in this scenario?

CLIENT STORY 1

At 37 weeks into her pregnancy with twins, Cynthia met with a traditional midwife in her community who assured her she was ready to deliver and gave her herbs to speed the process. But the birth proved to be too difficult for the midwife to handle and Cynthia was sent to the clinic. She arrives at the clinic and is immediately scolded for taking herbs. The rooms in the facility building are small, noisy, and congested. The second provider she meets in the clinic takes her to a room with 6 other women delivering. The room has no door or sheet between the women's beds. Cynthia is frustrated because she is scared and in pain. She demands to have a sheet around her bed for privacy, but the providers tells her there is not enough time because the herbs are going to make her deliver soon.

[Remember to go through the discussion prompts between each story.]

CLIENT STORY 2

The labor room is chilly on a grey morning. Tile floors do nothing to insulate from the thick, damp cold seeping through the sheets on the rickety hospital beds. Thandi is a young woman of 16 who is unmarried and pregnant with her first child. She is scared. She has been in the hospital all night and just spent many hours in labor trying to deliver vaginally. She is spread on the bed and is feeling severe pain. The previous nurse who attended to her made a comment that she is too young to be having a child. She does not want to labor anymore and does not want to have pain medications administered to her. A new doctor whom she has not met before comes in and even before greeting her, asks her to open her legs and tells her they must give her pain medications which she tries to refuse.

Supplemental Guide for Respectful Maternity Care Solutions

SECTION 3: INTRODUCTION TO THE TOOLS

We will also begin implementing a set of tools to help clients and providers have a clear understanding of what each is expected to do during the labor process; provide better feedback to one another; and better manage women's pain during delivery.

1. Provider-Client Promise

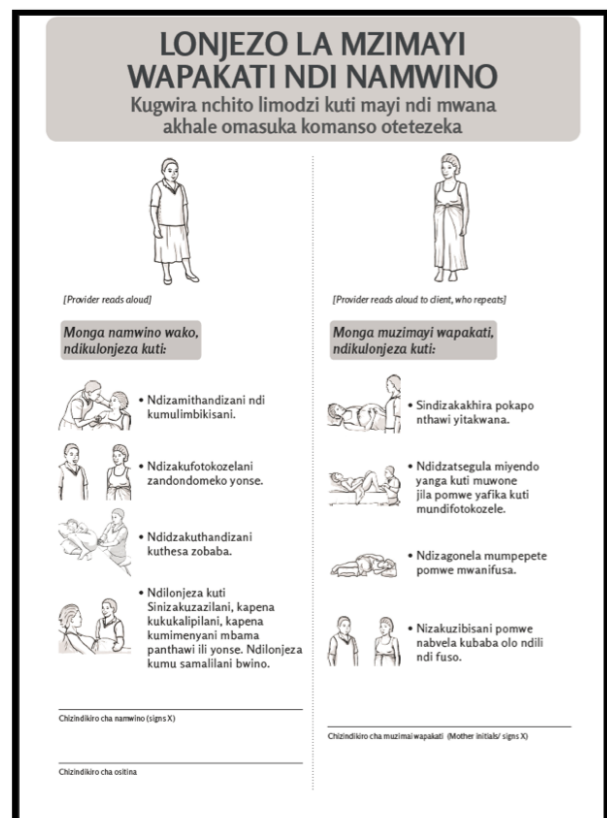
The first tool we are implementing is called the Provider-Client Promise.

[Give the staff member a copy of the Promise card.]

This simple promise seeks to **clarify expectations** of the delivery on the side of both provider and patient during the admission process, **reassure patients of the treatment they should receive**, and **facilitate dialogue with patients** around what they may be asked to do during the delivery and why this is important for a safe delivery.

Now I'll explain how to use the Provider-Client Promise. Please ask if you have any questions while I'm explaining how to use the Promise.

- When a client arrives to the maternity ward, whomever checks them into the ward should briefly explain the purpose of the promise read the four provider promises out loud. The patient should repeat back the four patient promises. The provider and patient should then both sign or initials the promise. If the patient does not want to sign or initial or is unable to do so for whatever reason, this space may be left blank.
- A poster-sized copy of the Provider-Client Promise is also hung the following places:
 - In the delivery room in the maternity ward
 - In the antenatal ward in the maternity ward



Supplemental Guide for Respectful Maternity Care Solutions

- In the postnatal room in the maternity ward
- If a woman arrives very late in her delivery and there is no time to fill out other routine admission paperwork, the promise may be skipped though this should only occur in exceptional cases.
- If you begin a new shift and take over looking after the delivery of a patient from another provider, you should review the promise with the patient briefly and sign your name in the other box at the bottom of the page.
- A signed copy of the Provider-Patient Promise should remain with the paperwork of each patient.

Let's practice reading the Provider-Client Promise together. I'll play the role of a client, and you should play the role of a provide. Can you talk me through what the promise means, read me your promises, and have me read or repeat mine back?

[Practice using the Provider-Client promise a few times.]

Would you feel comfortable using this promise with a patient?

[If yes, move on to the next section. If no, keep practicing.]

2. Feedback Box

The second tool is a Feedback Box. I'll explain how to use the Feedback Box, and please ask if you have any questions while I'm explaining how to use the Feedback Box.

- The Feedback Box is a simple box with three slots and three images of a woman.
- The slots and images represent how a patient may feel about her experience in the facility: not satisfied, satisfied, or extremely satisfied.
- The Box invites each woman who delivers in the facility to let the staff know how she felt about the care she received by dropping a token into the slot of the box which represents her level of satisfaction. This will allow us understand how all patients feel about the care they are receiving in order to improve services and recognize good performance of staff.
- A stack of reusable tokens will be available to providers, and you should give one token to each patient upon discharge. A patient will use the token to "vote" on how she feels about her experience.

Supplemental Guide for Respectful Maternity Care Solutions

- When you give a patient the token, you should tell her that we are interested in understanding how she feels about the care she received in order to improve services for all women. You should tell her to drop her token in one of the three slots which best represents how she feels about how she was treated in the facility. Let her know that she will have privacy when placing the token so that providers cannot see where they place the token.

The Feedback Box is located...

[tell the staff member where the Box is located in the facility.]

Each month the in-charge will open the box and count how many tokens were dropped in each of the slots. During the monthly meeting the in-charge will share results, recognize good performance, and the team will discuss why they believe they had the results they did in the month and what they could do to improve.

Do you have any questions about the Feedback Box before we move on?



3. Pain Management Toolkit

The rest of the tools are part of a pain management toolkit. By helping patients manage pain (with non-pharmacological measures) during childbirth, **we can help ensure a safe delivery and quality care.**

When a woman is experiencing pain, she may behave in ways which could put her health or the health of her baby at risk.

- When we can give support to women when they experience pain, women will have a better experience and be more likely to trust us as providers and able to follow important instructions.
- Pain management has also been shown to improve health outcomes for mother and baby.

Supplemental Guide for Respectful Maternity Care Solutions

The items in the toolkit are based around an acronym which describes different pain management techniques: BETTER. *[Show the provider the poster.]*

B – is for “Breathe”

E – is for “Encourage”

T – is for “Turn”

T – is of “Think”

R – is for “Rub”

The toolkit includes the following tools:

- BETTER Pain Management Technique Manual
- BETTER Pain Management Poster
- BETTER Partograph Guide
- Ball for Back Rubs

We will spend the rest of this session today learning about the tools and how to use them, and then we will practice using the tools. Please ask if you have any questions while I’m explaining how to use the tools.

BETTER Pain Management Technique Manual

[Hand the provider a copy of the manual. This copy should be theirs to keep.]

This BETTER manual is for you to keep. It explains how you can use each of the BETTER pain management techniques with women during labor and delivery. Let’s spend some time looking through the manual and learning about the techniques together.

[Start looking through the manual with the provider. You can use some of the example questions in the Box below to facilitate discussion. You should discuss each letter in BETTER.]

Supplemental Guide for Respectful Maternity Care Solutions

Box 3: Examples of Discussion Prompts for Reviewing the BETTER Manual With Providers

B - Breathe:

The first step to manage pain discussed in the manual is Breathe. During active labor providers can encourage the woman to breathe in and out quickly through their mouth with about one breath per second.

→ *Let's pretend the facilitator is the patient.*

Have the provider practice asking you to breathe quickly.



E - Encourage:

Another step in the manual is Encourage.

→ *Have the provider practice encouraging a patient during the early stages of labor. Ask the provider: What might you say to encourage a patient?*

Some reasons to encourage women during labor include: to keep the patient informed and build trust.

→ *Ask the provider: Why might you want to build trust with a patient during her labor?*



BETTER Pain Management Poster

- A copy of the poster will be hung in each of the following places in a location visible to both provider and patient to help the patient become familiar with the BETTER techniques, and help you and the remember the BETTER techniques during labor and delivery:
 - Next to each patient bed in the delivery room of the maternity ward
 - In the antenatal ward in the maternity ward
 - In the room where antenatal consultations are conducted

Supplemental Guide for Respectful Maternity Care Solutions

BETTER Pain relief helps to promote a fast delivery and healthy mother and baby

				
B reathe	E ncourage	T urn	T hink	E Rub
Kufudza	Kulimbikitsa	Khazikani mtima pansa	Ganizirani za zinthu zabwino	Kutoba
slowly (latent stage) quickly (active stage)	praise and reassure mother	change position, walk around	of something positive like family or baby	mother's lower back with hand or ball

Ask me to do one of these things for you, I am here to help you.
Ndifunseni kuti ndichite chimodzi mwa zinthu izi, ndikubwera kudzakuthandizani.

BETTER Partograph Guide

The next tool is a partograph guide which shows how the BETTER techniques can be used during the different stages of labor.

[Hand the provider a copy of the partograph. Point out how the BETTER techniques are mapped to the stages of labor.]

- The BETTER partograph is meant to be a visual guide, it is not meant to be used in place of the regular partograph.
- A copy of the partograph will be displayed by each desk in the labor ward, where the regular partograph and other clinical records are filled out.

Ball for Back Rubs

The last tool in the toolkit is a back rub ball to be used for the “Rub” pain management technique.

[Hand the provider a ball. This ball should be theirs to keep.]

It's important to monitor the client.
As you monitor, offer a BETTER technique to manage pain for a safe and healthy delivery

THE MODIFIED WHO PARTOGRAPH

Name: _____ Gravida: _____ Para: _____ Hospital number: _____

Date of admission: _____ Time of admission: _____ Ruptured membranes: _____ Hours: _____

200
180
160
140
120
100
80
60

Fetal heart rate

150
140
130
120
110
100
90
80

Amniotic fluid Monitoring

10
9
8
7
6
5
4
3
2
1
0

Cervix (cm) (plot X)
T
Descent of head (plot O)

Alert
Action

ask her to Breathe slowly (latent)

Encourage, praise, and reassure her

ask her to Breathe quickly (active)

5
4
3
2
1

Contractions per 10 mins

Turn suggest changing position, walking, or tensing then relaxing each body part

Give a back Rub during contractions, try the ball

Onset of U.S. drops/min


Drugs given and IV fluids

180
170
160
150
140
130
120
110
100
90
80
70
60

Pulse and BP

Temp °C

Urine Protein Acetone Volume

Please let's adhere to our PROMISE 

Supplemental Guide for Respectful Maternity Care Solutions

This ball is for you to keep. You can put this ball in the apron of your uniform or in another convenient location where you will be easily available to use it during delivery.

- You may use the ball to apply pressure during back rubs for the patient. You can also show the patient how she may rub her own back using the ball.
- You must be responsible for ensuring that the ball is appropriately sanitized between patients to avoid infection.



Review the tools and ask questions

Let's spend a few minutes looking at the tools together.

[Start looking through the manual with the provider, and prompt them to think about the tools' applications. Some example questions you can use to facilitate discussion are below.]

- Do you have any questions about the tools or about how to use them?
- Can you tell me something you especially liked about the toolkit?
 - Why did you like this?
- Can you tell me something that you think will be useful for providers?
 - Why do you think this?
 - How might you use this?
- When do you think you may use these different techniques?

SECTION 4: GOAL SETTING ACTIIVITY

We're almost done with today's training. The last thing we will do is a Goal Setting activity.

[Hand the provider the goals setting card and a writing utensil.]

This card has space for you to write in some values you believe in as a provider, and your goals for providing good care. It also has space for you to make plans to use the tools.

You should take 10 minutes now to begin filling out the card. Please let me know if you have any questions.

Supplemental Guide for Respectful Maternity Care Solutions

[Give the provider a few minutes to start filling out the card. After they have filled out the card a bit, use the questions below to facilitate discussion.]

- Can you share one of the goals you have written on your card?
- Why is this goal important to you?
- How might the tools help you meet your goal?

Thank you for going through this training with me today. If you have questions later about any of the tools or how to use them, please reach out to me or the facility in-charge.

END OF SUPPLEMENTAL GUIDANCE TRAINING