**Agenda: Strengthening care of the breathing and non-breathing newborns in Can Tho OBGYN Hospital, September 23-25, 2019**

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| **Time** | **Activity** | **Responsible facilitators** |
| **September 23: observations of practice and environments** |
| 8:30 – 9:00 | 1. Meet with hospital training department: introductions
2. Review objectives:
* Review current practice
* Refresher coaching breathing and non-breathing baby
* Identification of gaps, problem solving
* Presentation and development of plan with senior management and EENC team
1. Identify staff to accompany to delivery rooms/OR
 | JM, VD, CL |
| 9:00 – 12:00 | 1. Practice observations:
* Normal vaginal deliveries in delivery room (5-10)
* Cesarean section deliveries in OR (5-10)
 | JM, CL |
| 12:30 – 13:30 | LUNCH BREAK |  |
| 13:30 – 17:00 | 1. Observations of environments, medicines and supplies, equipment: NCU, delivery rooms, PNC areas
 | JM, CL, DV |
| **September 24: EENC refresher coaching** |
| 08:30 – 9:00 | 1. **Review of Objectives:**
	1. To give health workers a clinical venue to practice until they had mastered sequential steps to provide immediate newborn care to both breathing and non-breathing babies.
	2. To help health workers value these skills so that they will practice them for every delivery.
 | JM, CL |
| 1. **Ground rules and brief introduction of participants and facilitators**
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| 1. **Pre-Test**
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| 9:00 – 9:30 | 1. **Role play, Delivery of a breathing newborn without coaching** (health care providers will do their usual practice); a participant (and the facilitators) take note of every step of the procedure and record the exact time (to the second) of each intervention.
 | JM |
| 9:30 – 9:45 | COFFEE BREAK |
| 9:45 – 11:30 | 1. **Re-enactment based on current practices and sequence of events** - facilitators generate participatory agreement or disagreement with every stage of the practice and encourage discussion on the evidence-base for the correct practice. Include making correct environment, setting up and checking of all equipment for delivery and newborn resuscitation.
 | JM |
| 11:30 – 12:30 | 1. **Supervised role play practice with involvement of all participants** - until all demonstrate correct clinical practice for immediate newborn care for a breathing baby (in 2 groups).
 | JM, Danang facilitator |
| 12:30 – 13:30 | LUNCH BREAK |
| 13:30 – 15:30 | 1. **Role play: Delivery of a non-breathing newborn without coaching** (health care providers will do their usual practice); a participant (and the facilitators) take note of every step of the procedure and record the exact time (to the second) of each intervention.
2. **Re-enactment based on current practices and sequence of events** - facilitators generate participatory agreement or disagreement with every stage of the practice and encourage discussion on the evidence-base for the correct practice. Include making correct environment, setting up and checking of all equipment for delivery and newborn resuscitation.
 | JM |
| 15:30 – 15:45 | COFFEE BREAK |
| 15:45 – 17:00 | 1. **Supervised practice getting chest rise**
2. **Supervised role play practice with involvement of all participants** - until all demonstrate correct clinical practice for immediate newborn care for a non-breathing baby (in 2 groups).
 | JM, CL |
| 17:00 – 17:15 | 1. **Post-test**
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| **September 25: Review data, identification of gaps, planning next steps** |
| 08:30 – 10:00 | 1. **Facilitated brief Q&A of Day 2 by participants (10 min.**)

*(Facilitators ask the questions to the participants to refresh the steps needed for breathing babies)* | JM, CL, DV, EENC team members |
| 1. **EENC videos** –good and bad practices; caesarian section; meconium
 | JM |
| 1. **Review of clinical practice data from Day 1** **and findings from phone surveys** – Flip Charts
 | JMCL, DV, EENC team members |
| 10:00 – 10:15 | COFFEE BREAK |
| 10:15 – 12:30 | 1. **Continue review of practice data, identify gaps, possible solutions to gaps**
 | JM, CL, DV, EENC team members |
| 12:30 – 13:30 | LUNCH BREAK |
| 13:30 – 15:30 | 1. **Complete review of practice data, identify gaps, possible solutions to gaps.** Discuss and agree with participants how they will implement these correct practices at their health facilities. Agree a timeframe for implementation and follow-up.
 | JM, CL, DV, EENC team members |
| 15:30 – 15:45 | COFFEE BREAK |
| 15:45 – 16:30 | 1. Presentation of final findings and possible solutions to hospital director and senior staff. Planning for next steps – and areas which need higher level support
 | EENC team members |

**Agenda: Strengthening care of the breathing and non-breathing newborns in Phuong Chau International Hospital, September 26-27, 2019**

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| **Time** | **Activity** | **Responsible facilitators** |
| **September 26: observations of practice and environments: EENC refresher coaching** |
| 8:30 – 9:00 | 1. Meet with hospital training department: introductions
2. Review objectives:
* Review current practice
* Refresher coaching breathing and non-breathing baby
* Identification of gaps, problem solving
* Presentation and development of plan with senior management and EENC team
1. Identify staff to accompany to delivery rooms/OR
 | JM, VD, CL |
| 9:00 – 12:00 | 1. Observations:
* Normal vaginal deliveries in delivery room (5)
* Cesarean section deliveries in OR (5)
* Observations of environments, medicines and supplies, equipment: NCU, delivery rooms, PNC areas
 | JM, CL, DV |
| 12:00 – 13:30 | LUNCH BREAK |  |
| 13:30 – 14:00 | 1. **EENC refresher training – breathing baby**
* Review objectives
* Ground rules
* Pre-test
 | JM |
| 14:00 – 15:30 | 1. **Role play, Delivery of a breathing newborn without coaching** (health care providers will do their usual practice); a participant (and the facilitators) take note of every step of the procedure and record the exact time (to the second) of each intervention.
2. **Re-enactment based on current practices and sequence of events** - facilitators generate participatory agreement or disagreement with every stage of the practice and encourage discussion on the evidence-base for the correct practice. Include making correct environment, setting up and checking of all equipment for delivery and newborn resuscitation.
 | JM, CL |
| 15:30 – 16:00 | COFFEE BREAK |
| 16:00 – 17:30 | **Supervised role play practice with involvement of all participants** - until all demonstrate correct clinical practice for immediate newborn care for a breathing baby (in 2 groups). | JM, CL |
| **September 27: EENC refresher coaching: Review data, identification of gaps, planning next steps** |
| 08:30 – 9:30 | 1. **Facilitated brief Q&A of Day 2 by participants (10 min.**)

*(Facilitators ask the questions to the participants to refresh the steps needed for breathing babies)* | JM, CL, DV, EENC team members |
| 1. **EENC videos – good and bad practices; caesarian section; meconium**
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| 1. **Supervised practice getting chest rise**
 |
| 9:30 – 9:45 | COFFEE BREAK |
| 9:45 – 11:00 | 1. **Role play: Delivery of a non-breathing newborn without coaching** (health care providers will do their usual practice); a participant (and the facilitators) take note of every step of the procedure and record the exact time (to the second) of each intervention.
2. **Re-enactment based on current practices and sequence of events -** facilitators generate participatory agreement or disagreement with every stage of the practice and encourage discussion on the evidence-base for the correct practice. Include making correct environment, setting up and checking of all equipment for delivery and newborn resuscitation.
 | JM, CL  |
| 11:00 – 12:30 | 1. **Supervised role play practice with involvement of all participants** - until all demonstrate correct clinical practice for immediate newborn care for a non-breathing baby (in 2 groups).
2. **Post-test**
 |
| 12:30 – 13:30 | LUNCH BREAK |
| 13:30 – 14:30 | 1. **Review of clinical practice data from Day 1** **and findings from phone surveys** – Flip Charts
 | JM, CL, DV, EENC team members |
| 14:30 – 14:45 | COFFEE BREAK |
| 14:45 – 16:00 | 1. **Continue review of practice data, identify gaps, possible solutions to gaps** Discuss and agree with participants how they will implement these correct practices at their health facilities. Agree a timeframe for implementation and follow-up.
 | JM, CL, DV, EENC team members |
| 16:00 – 17:00 | 1. Presentation of final findings and possible solutions to hospital director and senior staff. Planning for next steps – and areas which need higher level support
 | EENC team members |