



Skilled Birth Attendant (SBA)

**State Institute of Health & Family Welfare
Jaipur**



Skilled Birth Attendant

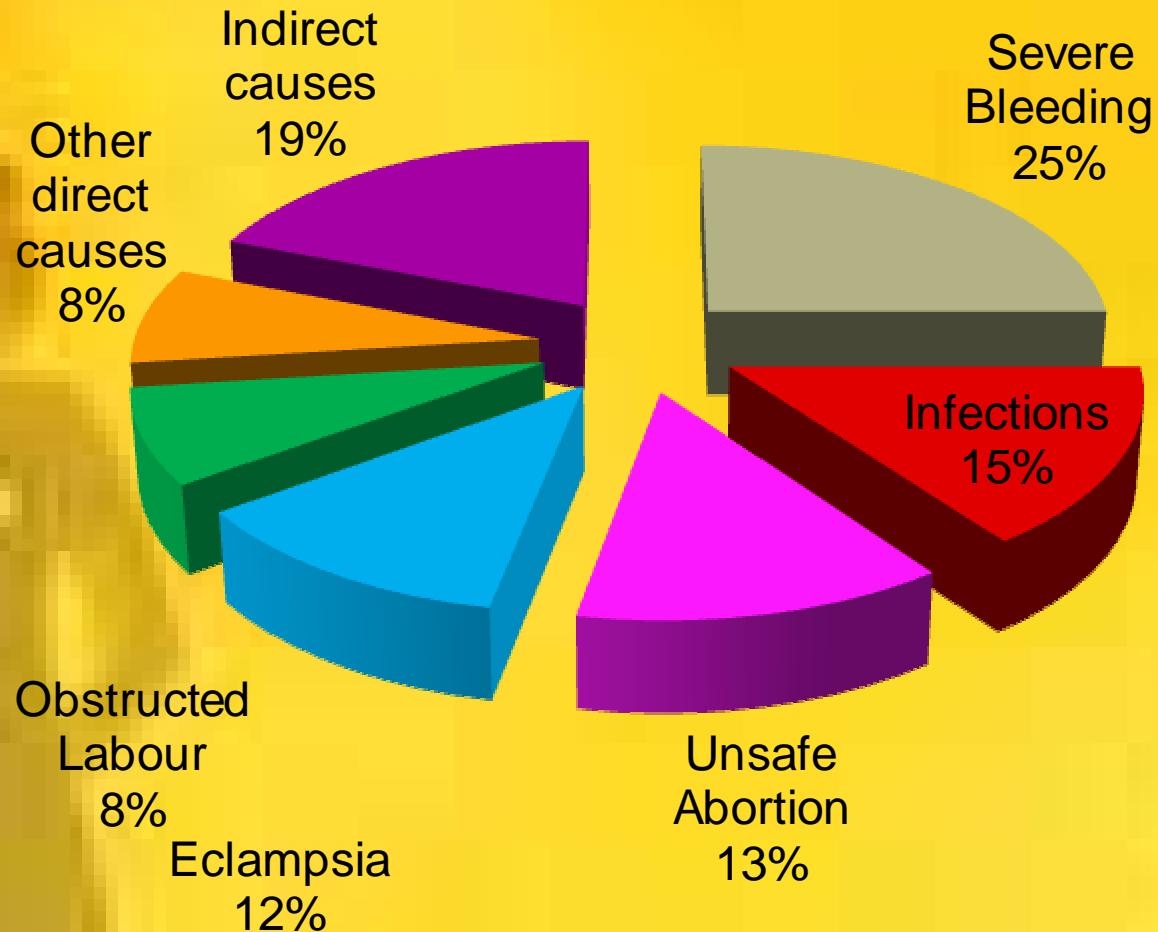
- An accredited health professional- (midwife, doctor or nurse)
 - Educated and trained, with skills needed for:
 - Managing normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period
 - Identification, management and referral of complications in women and newborns.
 - Does not include TBA, even if trained.



Why Skilled Attendance At Birth

- Most of the obstetric complications are unpredictable
- Timely and life saving support and intervention are a must
- Absence of midwifery skills-
Increased chances of casualty

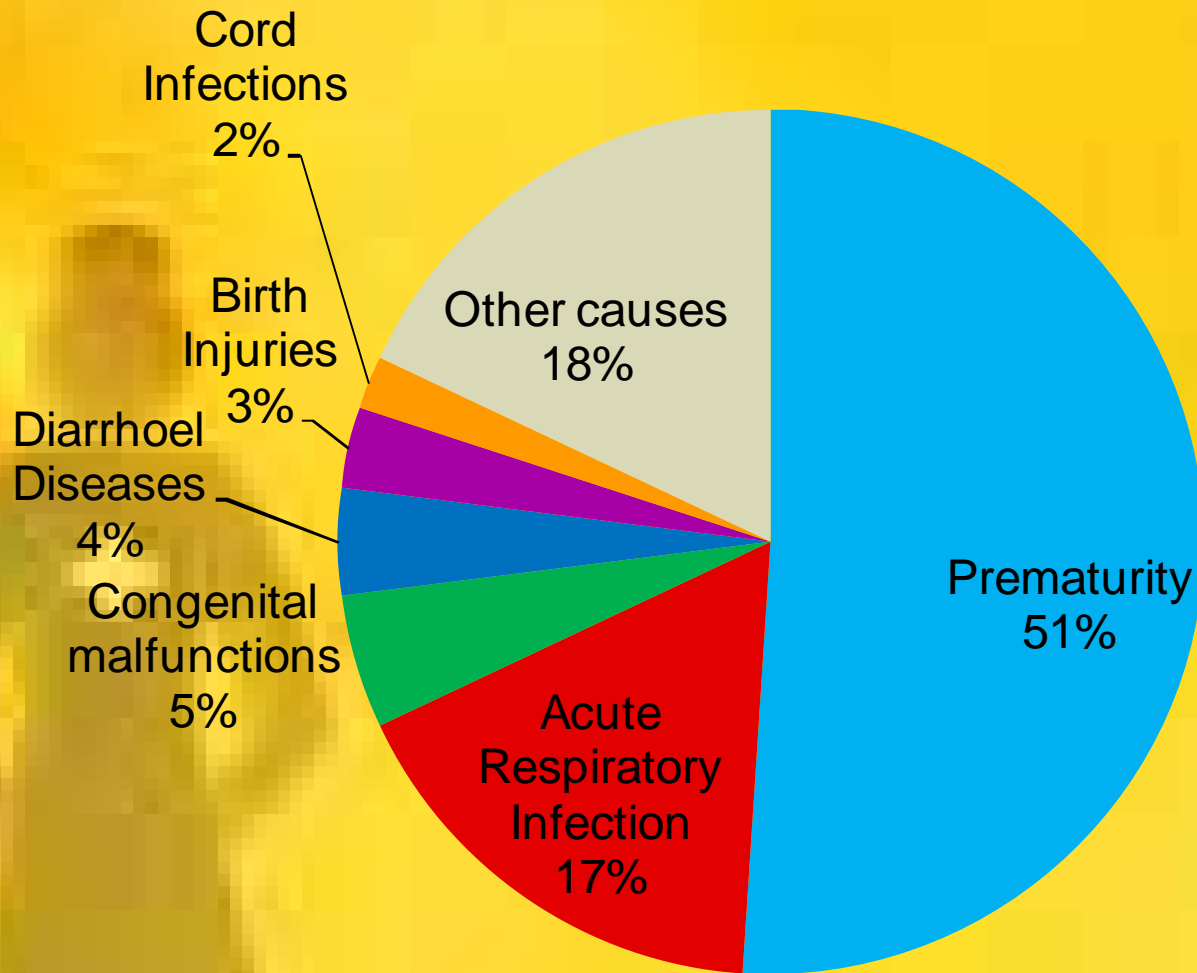
Maternal Deaths – Causes



Source-WHO



Neonatal Deaths – Causes



Source-WHO

4 Delays In Obstetrics

- 4 delays in
 - problem identification
 - decision making
 - reaching facility
 - providing emergency care



Interventions That Can Help

- Skilled attendance at birth
- Comprehensive BEmOC & EmOC
- Organized referral transport system to access these facilities



Skilled Birth Attendant-Training

- UNICEF
- GOI revised the guidelines, enlarged the scope
- Included in the PIP of NRHM



SIHFW: an ISO 9001: 2008 certified institution





Training: Objective

- To improve intra-partum and new born care services in institutions.
- Develop understanding, knowledge and skills of birth attendant

Training Outcomes

Development of skill and confidence

Health facilities-

- Increased role of health providers
- Qualitative services

Reduce IMR (MDG 4) and Improve maternal health (MDG 5)

Skill Required

- Care during pregnancy
- Care during labour and delivery
- Care after delivery
- Essential new born care

Skill Development

- Care during pregnancy – 4 ANC visits
 - BP measurement and diagnosis of pre-eclampsia
 - HB estimation/ proteinuria/ glucosuria
 - Position of fetus
 - Auscultation of fetal heart rate and diagnosis of fetal distress
 - Counseling
 - Birth preparedness

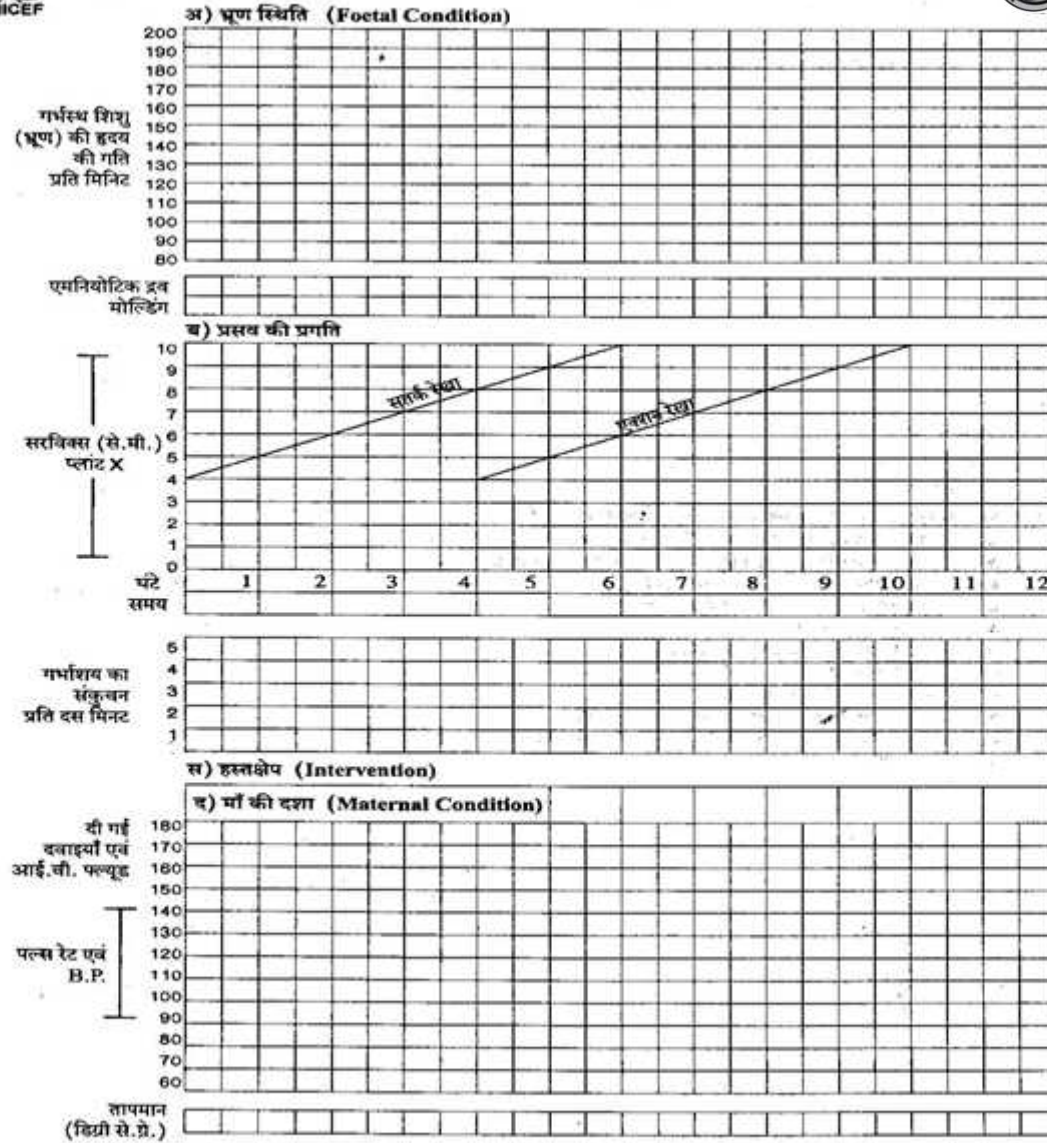


Skill Development

- Care during labour and delivery- Intra partum care
 - Monitoring progress of labour through partographs (timely refer)
 - Fetal heart rate
 - Progress of labour-cervix dilation and contractions
 - Maternal conditions- BP and Pulse
- use drugs for prevention of PPH.
- use drugs in emergency situations before referral
- perform basic procedures at community level in emergency situations



सरलीकृत पार्टोग्राफ THE SIMPLIFIED PARTOGRAPH



Skill Development

- Care after delivery – post partum care
 - Assessment of mother for PPH/ sepsis/ eclampsia
 - Initiation for breast feeding
- Essential new born care
 - Immediate management – wiping, drying, placing
 - Assessment and management of asphyxia
 - Keeping the baby warm
 - Skin to skin contact with mother/ kangaroo mother care



The Important Skill

- Early recognition and management of common obstetric complications
 - Ante partum hemorrhage
 - Pre-eclampsia
 - Obstructed labour
 - Post partum hemorrhage
 - Convulsions/ seizures
 - Post partum sepsis
 - Use tablets and injections to prevent emergency/ before referral e.g.
 - Tab. Misoprostol (APH)
 - Inj. Magsulf (Eclampsia)

Training Methodology

■ Theory-

- Interactive sessions, presentations and discussion
- Demonstration and simulated practice on mannequins



■ Intensive hands on-

- ANC OPD
- Labour rooms for delivery and new born care
- Post natal wards
- Laboratory



Level I – Training of Trainers



- Conducted at-
 - Midwifery Resource Center (Janana Hospital, Jaipur)
 - Now at - Action Research and Training for Health (ARTH-Udaipur)
- Participants-
 - PHN/ NT
(HFWTC/DTC/GNMTC/ANMTC)
 - SN (labour room)
- Training duration-
 - 15 days (theory & practical sessions)

The Trained Trainers

■ MRC-

- July 06 – September 07

- 11 batches

- 136 trained

■ ARTH-

- March 08 – November 09

- 9 batches

- 158 trained

Level II - training of Birth Attendants

- Conducted at-
 - Theory- HFWTC/ DTC/ GNMTC/ANMTC
 - Practical- DH/SDH/CHC
 - 15 districts - 2 practical venue developed
- Training schedule-
 - Theory – 6 days
 - Practical – 15 days
 - With 2 practical venue- training – 21 days
 - 1 practical venue – training – 36 days

Training of Birth Attendants

- No. of Participants-
 - 16 (new guidelines recommend 4-8)
 - Divide into two practical batches of 8 each
- Participants
 - prime focus – ANMs
 - Model Sub-centers
 - Sub centers
 - PHC
 - LHV's and SN of identified FRU and 24 x 7 PHC
 - Ayush doctor/ compounders



SBA Trainings: Progress

- 07-08
 - 1249 trained
- 08-09
 - 2194 trained
- 09-10
 - 2111 trained
- 10-11
 - 2014 trained
- 11-12
 - 829 trained (till jan 2012)

Source: Directorate of Medical, Health & Family Welfare services, Jaipur



Training Sites

S.no.	District	Theory site	Practical Site
1	Ajmer	Beawar	DH
2	Alwar	Alwar	DH/ CHC-Rajgarh
3	Banswara	Banswara	DH/ CHC-Partapur
4	Baran	Baran	DH
5	Barmer	Barmer	DH/ CHC-Balotra
6	Bharatpur	Bharatpur	DH/ CHC- Kumher
7	Bhilwara	Bhilwara	DH
8	Bikaner	Nokha	CHC-Nokha
9	Bundi	Taleda	DH
10	Chittorgarh	Chittorgarh	DH/ CHC-Nimbaheda
11	Churu	Churu	DH/ CHC-Ratangarh



Training Sites

S.No	District	Theory	Practical
12	Dausa	Dausa	DH
13	Dholpur	Dholpur	DH
14	Dungarpur	Dungarpur	DH/ CHC-Sagwara
15	Ganganagar	Ganganagar	DH
16	Hanumangarh	Hanumangarh	DH/ CHC-Bhadra
17	Jaipur	Jaipur	CHC- Bassi/ Kotputli/ Chomu
18	Jaisalmer	Jaisalmer	DH
19	Jalore	Jalore	DH/ CHC-Ahore
20	Jhalawar	Jhalawar	DH
21	Jhunjhunu	Jaipur	CHC- Bassi/ Kotputli/ Chomu
22	Jodhpur	No trainings conducted	



Training Sites

S.No.	District	Theory	Practical
23	Karauli	Karauli	DH
24	Kota	Kota	JK Lon
25	Nagaur	Nagaur	DH
26	Pali	Pali	DH/ SDH-Sojat City
27	Pratapgarh	Pratapgarh	DH
28	Rajsamand	Rajsamand	DH/ CHC-Nathdwara
29	S.Madhopur	S.Madhopur	DH
30	Sikar	Sikar	DH
31	Sirohi	Sirohi	DH
32	Tonk	Tonk	DH
33	Udaipur	Salumbar	PDMC/ CHC-Salumbar



Monitoring of SBA Trainings

- SIHFW – Nodal agency



- Monitoring cell established with support of

- UNICEF – funds



- DM&HS





Monitoring Cell

- Nodal Officer
- SBA Coordinator
- State level monitors
- Zonal Facilitators
- District Supervisors



Activities

- Monitor the trainings
- Ensuring quality of trainings
- Develop formats for monitoring and reporting
- Reporting to UNICEF and DM&HS on the progress of trainings

Monitoring Checklist

- Training site preparedness –
 - Availability of trainers
 - Supplies –modules/ mannequins/ instruments/ partographs
- Classroom observation-
 - Gaps in teaching/ interaction/ interest/ teaching methods
- Assess learning through
 - Theory – questions
 - Practical – hands on
- Boarding & lodging for participants

Challenges

- Simultaneous trainings/ programs
- Supportive lag-
CMHO/RCHO/DPM
- Resistance from hospital staff

We Hope To Move Towards

- Skilled birth attendants at all levels of health facilities
- Well equipped and functioning Sub-centers
- Reduction of MMR and IMR



Thank You

For more details log on to
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