



**Birthwork
midwifery skills
training, Luang
Prabang, Province
2019-2020:
Summary Report**

2020

Introduction

The challenges faced by health workers in Laos People's Democratic Republic are significant. Limited facilities, low levels of funding, poor transport networks, and the prevalence of health problems that accompany poor nutrition and poverty are all factors that contribute to a maternal morbidity rate maternal mortality rate that remains among the highest in the region. Health workers bring considerable commitment and genuine interest and concern to provide the best care possible. Regional medical facilities rely on the skills and dedication of medical staff, but many have not received the training they need to support women well under challenging conditions. Formal medical training tends to highlight the midwifery and nursing skills appropriate to a well-resourced hospital setting. Clinics in rural Laos, however, are not well resourced. While these regional health workers are charged with providing medical support during pregnancy and childbirth, many have very limited background in maternal health and childbirth. At the same time, the option to be attended by Traditional Birth Attendants (TBAs) is not available in many communities. As a result, there is not a strong presence of midwifery skills or ongoing training outside urban centres in the Province, whether sourced in traditional medicine or formal training in Western biomedicine.

The Birthwork training program aims to fill a gap in the skills and training available to health workers in remote districts of the Province. Training in emergency skills, birth physiology, and hands-on techniques for supporting normal birth aim to provide health workers with the skills they need to provide effective care in contexts with little medical infrastructure.

The program was developed in partnership between Australian-based team of midwives and doulas and Luang Prabang Department of Health staff, alongside maternal and child health personnel at Swiss Red Cross, Laos PDR. The program seeks to refresh and enhance, and fill the gaps in skills and knowledge of health workers in District Hospitals and Provincial Health Centres in Luang Prabang Province. Two training programs were run in Luang Prabang Province, in January-February 2019 and 2020. These followed the successful delivery of an initial program delivered under the auspices of the Swiss Red Cross in 2017.

Dr Katharine McKinnon was invited to join the 2019 Birthwork training in Luang Prabang province as an observer. As a social researcher at La Trobe University Dr McKinnon undertook to explore the impact and experience of participants, focusing on the following issues:

1. Efficacy of pedagogical approach among participants
2. Impacts of training for health workers
3. Suitability to the needs of stakeholders and community
4. Cross-cultural context of training and its importance
5. Potential to scale up/scale out the training so that it can benefit a wider group



Participants and Approach

An ethnographic approach was taken to the evaluation of the training program, using participant observation during the 2-3 week training periods in 2019 and 2020, with informal and open-ended interviews conducted with key stakeholders involved in delivery of maternity care in Luang Prabang Province. All observations were recorded using field notes and later analysed for emerging key themes. All data was anonymised to protect the identity of individuals.

Observations took place during formal training sessions held at Phoukhone and Phonthong District Hospitals in 2019 and 2020, and at Phonthong PHC (Phouxay District) in 2019. Participants in the workshops included District Hospital staff, Provincial Health Centre staff, and Village Health Workers, with a wide range of medical expertise and prior knowledge and experience in supporting women through childbirth (see Table 1).

Table 1: Training Workshops and participants

| Locations | Village Health Worker | Medical assistant | Nurse | Midwife | Doctor | Lab technician | TOTAL number of participants |
|---------------------------------------|-----------------------|-------------------|-------|---------|--------|----------------|------------------------------|
| Phoukhone District Hospital, 2019 | 4 | - | - | 8 | 4 | - | 16 |
| Phoukhone District Hospital, 2020 | 3 | 1 | 11 | 2 | 1 | - | 18 |
| Phonthong PHC (Phouxay District) 2019 | - | - | 2 | 2 | 2 | - | 6 |
| Phonthong District Hospital, 2019 | 5 | 5 | 9 | 8 | 1 | 1 | 29 |
| Phonthong District Hospital, 2020 | 3 | 11 | 11 | 3 | - | 1 | 30 |

In addition, the team visited Provincial Health Centres in the Province. During these visits we were able to observe the facilities and equipment available, speak informally to PHC staff about their day to day work and challenges, and meet community members visiting the PHC.

Ethics permissions were granted by the La Trobe University Human Ethics Committee (HEC18447).

Summary of Findings

1. Efficacy of the pedagogical approach

The delivery mode for the teaching is designed with the local context in mind. The program as a whole is built around an ethic of kindness as the foundation of respectful care. Acknowledging that Laos is not a literate culture, i.e. people do not tend to read for leisure, the teaching format emphasizes active learning, using storytelling, demonstration, practice via role play, and rote learning with physical actions that are rehearsed repeatedly throughout the training sessions.

The training that the Birthwork team provides is well suited to the needs of remote health workers and the groups respond very well to the hands on training style. The use of embodied learning techniques, song, and hands-on practice of technique was enjoyable for participants and allowed them opportunities to bring up and reflect on their own experiences.

Participants and the midwifery trainers from LP Dept of Health agree that the hands on learning style, the opportunity to do activities and practice on model babies and pelvis, to work with their own bodies, and to rehearse the emergency steps, were effective in helping them to understand the content of teaching, to absorb and be able to remember. Sharing stories and using the training sessions as an opportunity for health workers to debrief from difficult experiences, is also an opportunity to foster health workers confidence in their own skills and good judgement.

Figure 1: Embodied learning in action

Weak points in the training related to areas that were not the focus on hands on learning and role play. The information that had not been retained so well between 2019 and 2020 training sessions was related to the knowledge and information that was not part of embodied learning techniques, such as delayed cord clamping.

2. Impacts of training for health workers

Figure 2: Emergency skills poster in PHC

Health workers have been able to implement the skills they have learned, and have been able to work with increased confidence to provide women with opportunities to move around more during labour, for example. What health workers remembered most readily were the steps for emergency management (PPH, breech, shoulder dystocia) that were taught through a 'song' with actions. The gist of these steps had been mostly retained, although some participants had forgotten steps or had the order mixed up. While in 2019 booklets had been distributed to assist participants to revise their learning, in 2020, the additional distribution of posters with visual prompts for the correct steps offered participants more opportunities for revision between trainings.

Many staff were enthusiastic about sharing stories of births in which they had helped women to move into the position of their choice: kneeling, squatting, standing, using the bed frame, door frame or family member to help to give support. Less well retained were

techniques for manual pressure to relieve pain or ease the passage of a baby. Health workers wanted more training opportunities, and often asked for longer training sessions.

More work needs to be done to assess uptake and impact. Systematic assessment of the impacts requires more time one-on-one time with health workers to understand how much of their previous trainings they have retained, which aspects of it they put into practice.

3. Suitability to the needs of stakeholders and community

Meeting needs of health workers providing childbirth support in areas with few resources and few options for seeking obstetric treatment was the focus of the training programs, and the program is well designed to meet this need. The training provided by the Birthwork team is focused on providing the kind of care that can optimize the chances of women delivering safely, focusing on making the most of the resources that all health workers will have available. This included foregrounding the importance of providing kind and respectful care which would maximise a woman's feelings of safety, and therefore support her body's capacity to relax and to birth naturally. The training encouraged the use of body position, touch, and commonly available tools such as a sarong or rebozo, a Pinard, and the presence of family members rather than on equipment that may not always work.

Figure 3: Practicing the use of the rebozo

Visual materials were also vital for supporting the learning of participants. Using pictures and illustrations rather than text enable health workers to revise more readily. It also provided health workers with materials that could be used to assist in their communication with mothers,

and support them to teach community members about pregnancy and danger signs.

The emphasis on kindness and gentle touch as foundations of good care reinforces relations of respect between health workers and mothers. More work is needed to better understand the perspectives and concerns of women in mountain communities, and thus to shape maternity care services that can fit their needs.

4. Cross-cultural issues

The cross-cultural context of the Birthwork training programs is multifaceted. In addition to the need for cross-cultural sensitivity in the partnership between Lao and Australian professionals, the program must traverse different institutional and bureaucratic cultures, different languages, and different educational norms between the trainers and the participants, and is also delivering a training program that needs to equip medical staff for their work in a rich multi-cultural environment.

In addition, previous research has shown that women in rural areas of Laos, and particularly women who are not of Lao Lum ethnicity, can be reluctant to attend clinics. Women's concerns include communication difficulties, fear of being bullied or not treated with respect, and concern that they cannot carry out important cultural practices.

The Birthwork program was designed and conducted in strong partnership with Lao, and the Australian team proved adept in operating with sensitivity and flexibility required for the context. The focus on protocols of respectful care provide a start to equipping medical staff with the skills they need to operate effectively in a multi-ethnic context, although this was not a focus of the program.

It is possible more could be done to build on this component of the training in order to assist participants learn how to provide greater cultural safety for women to counteract the reluctance of women from some ethnic communities to attend ANC or give birth in clinical settings. Translation during training sessions remains a challenge.

Images

Figure 4:

5. Scaling potential

The Birthwork program is at present a form of 'informal health development' taking place on an ad hoc basis, an intervention built on personal connections and relationships, nurtured by commitment and shared concerns. The teaching program is developed with a careful and considerate attention to the needs of health workers in context, the policy structures in which they work, and a commitment to an ethic of women centred care.

The program focuses on enhancing the abilities of health care workers, and building their capacity to provide safe care in situ, whether in clinics or in women's homes. It is a low cost, and potentially high impact approach, and if it could be conducted across other regions of Laos could make an even more significant contribution. In an informal way, a scaling out of the program is already in play as participants are strongly encouraged to share their learning with mothers and colleagues, posters are circulated which demonstrate a range of possible birth positions and educate viewers about the pathway of the baby through the pelvis.

This could be extended if the program were adapted in order to enhance the skills and capacities of community members who already provide care to birthing mothers, (such as the female elders in Hmong communities who attend women if the birth is difficult).

Images



Conclusions

The Lao Birthwork training program is already making a meaningful contribution to the capacity of health workers to provide care at the district level. It is a low cost, and potentially high impact approach. The skills taught are designed to fit the local context, instilling confidence in communications and hands-on skills for health workers who are charged providing effective care in contexts with little medical infrastructure. The emphasis on kind and respectful care also provides a way to address the reluctance of some women to seek medical care in fear that they will be bullied or misunderstood.

If the program could be conducted in more locations it would make an even more significant contribution. The potential for expanding the program is there. The challenge in expanding the program would be to retain the sensitivity and ethical approach that defines the program as it is.

Acknowledgements

Many thanks are owed to the Luang Prabang Provincial Department of Health and the members of the Birthwork training team, Jenny Blyth, Claire Eccleston and Steffi Arvanitakis for their generous support and facilitation of this investigation. Also, to the health workers and community members who allowed me to observe and learn, and shared their thoughts and experiences during the course of training sessions in Luang Prabang.

This work was conducted with funding from La Trobe University through the Tracy-Banivanua Mar Senior Research Fellowship, awarded to Dr Katharine McKinnon 2018-2020.

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