

# Qualitative Evaluation of the Helping Baby Breathe Training for Community Midwives in Gujrat, Pakistan

## Background

- Pakistan's neonatal mortality rate has highest proportion in South Asian region and it is more common in rural areas as compared to urban areas (Ahmed & Won, 2017).
- Poor resuscitation techniques as well as absence of basic new born resuscitation skills of birth attendants are contributing factors of neonatal deaths (Jacobs et al., 2018).
- Based on the significant outcomes of the Helping Baby Breath (HBB) trainings, a similar training was implemented for Community Midwives (CMWs) in low resource setting of Gujrat, Pakistan.
- The training was evaluated by two methods; the quantitative and the qualitative.
- This study selected the qualitative method of evaluation that includes interviews by HBB trained CMWs and their facilitators as key informants to determine the effectiveness of HBB training.

## Methodology

The qualitative descriptive design was used. The purposive sampling technique was chosen. The study included a total of five interviews: two focus group interviews of CMWs (10 in each group) and three individual in-depth interviews of key informants. A semi-structured interview guide was used to conduct the interviews.

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## Findings

The content analysis of qualitative data lead towards following **three themes**. The findings revealed that HBB training was effective for the CMWs in terms of its usability regarding improvement in newborn resuscitation's knowledge and skill. Moreover, it enhanced the confidence and satisfaction among CMWs. However, less volume of patients was a challenge for few CMWs in practicing their skills.



### Effectiveness of training

#### Usability of training

In terms of teaching-learning methodologies, continuing supervision, training content, and the competency of the facilitators in training, along with improvement in CMWs knowledge and skills after getting the HBB training.

#### Application of learned skills

In birthing centers many CMWs were enable to save the lives of many newborns who were unable to breath at the time of birth.

#### Enhanced Confidence and Satisfaction

### Challenges

#### Challenges during the training

The internal challenge was participants' confusion due to the discrepancy between the facilitators and the program implementers' theoretical concepts. The external challenges included weather, long hours and lack of transportation, which affected the punctuality of the CMWs.

#### Challenges after the training

Few CMWs were having less opportunities to practice the skill due to limited number of patients and presence of rural health centers as well as basic health units

### Suggestions for future

#### Training for other Health Care professionals

#### Inclusion of training in CMW curriculum

## Recommendations

- The trainings should be on a regular basis in order to maintain the competence of CMWs and it should be a part of CMW's curriculum.
- All health care providers including nurses, doctors and other cadres of Skilled Birth Attendants should receive frequent refreshers trainings and further research should be done to find the effectiveness of training among them.
- A mass level intervention is required to prepare sufficient master trainers of HBB in low resource settings.
- The government need to take the initiative for promoting the awareness about CMWs role and competencies.

## Conclusion

In sum, other health care providers downplay the role and competencies of the CMWs, that's why the CMWs were having a limited number of patients, which further limited their opportunities to practice the HBB skills and knowledge. CMWs recommended that they required such trainings regularly in order to maintain their competence. The CMW's role and competence awareness programs should be initiated by government. Moreover, HBB training should be part of the Diploma in Midwifery curriculum. Similar trainings for other healthcare providers working in low resource areas including doctors and nurses were also suggested.

Submitted as requirement of MScN Thesis SoNaM AKU

## References

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