

FAQs:

Safer Births Bundle of Care (SBBC)

A resource for those interested in implementing the SBBC program: equipping birth attendants with the skills and confidence to manage the leading causes of maternal and newborn mortality.



Safer Births
BUNDLE of CARE

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Establishing Safer Births Bundle of Care

1A) WHAT IS THE FACILITY ASSESSMENT AND WHY IS IT IMPORTANT?

The facility assessment is a process to evaluate the capacity of an institution to begin implementation of SBBC. This assessment considers the facility's ability to provide maternal and newborn care, which includes (but is not limited to) infrastructure, equipment and supplies, human resources, health management and existing data systems as well as governance and financing. An assessment tool* is used and filled out by the 'Facilitator' with support from the 'Mentor'. Physical observations, including some interviews, are key to the facility assessment and both the Facilitator and Mentor will carry these out. Should changes be needed at a facility to ensure SBBC can be effectively implemented, recommendations will be made.

*The Service Availability and Readiness Assessment (SARA) tool has been used to conduct facility assessments for the Safer Births Bundle of Care program. This is a tool adopted from the [WHO SARA tool](#).

1B) WHAT ARE THE KEY ROLES IN THE SBBC PROGRAM?

ROLE TITLE	ROLE RESPONSIBILITY
Mentor	To train and mentor facility champions and health care workers at the facility
Facility Champion	To support and facilitate peer-to-peer learning, simulation and debriefing at the facility
Data Collector	Responsible for data collection at the facility and supporting with uploading to the cloud from the clinical and training tools
National & Regional Coordinator	National supports whole country activities - and can also be the program manager, dependent on context. Whereas the Regional coordinates all regional project activities
Biomedical Engineer	Oversee the maintenance & repair of the clinical and training tools.
Faculty	Train and support Mentors and Facility Champions. Also supporting in training Mentors on how to create simulation scenarios.

Establishing Safer Births Bundle of Care

1C) WHAT TYPES OF TRAINING ARE UNDERTAKEN, AND FOR WHO, TO ESTABLISH SBBC IN HEALTH FACILITIES?

Ahead of trainings beginning, it is important to note that a number of introductory meetings will have taken place with those in national and regional level governance – alongside some health workers - to ensure buy-in and active participation.

Different trainings are undertaken to establish SBBC, dependent on the role of the individuals within the program.

Below is an example of what that might look like:

ROLE	TRAINING TYPE	TIME COMMITMENT
Mentors	<ul style="list-style-type: none"> Simulation (SimBegin) Helping Mothers and Babies Survive training programs Understanding SBBC 	12 days, with subsequent periodic refresher training
Facility Champions	<ul style="list-style-type: none"> Understanding SBBC How to deliver clinical mentorship 	5 days, (2 days theoretical and 3 days practical training in the labour ward)
Regional and National Coordinators	<ul style="list-style-type: none"> Understanding SBBC – alongside Facility Champions Gathering and Using Data for SBBC – alongside Data Collectors 	6 days, with the opportunity to attend the Facility Champion training in addition
Data Collectors	<ul style="list-style-type: none"> Effective Data Collection Research Ethics 	2 days
Biomedical Engineers	<ul style="list-style-type: none"> Maintenance & troubleshooting of clinical innovations 	2 days

Establishing Safer Births Bundle of Care

1D) WHAT EQUIPMENT AND INFRASTRUCTURE IS NEEDED TO ESTABLISH SBBC WITHIN HEALTH FACILITIES?

To implement SBBC training innovations, clinical innovations, printed materials and digital tools will be required. A brief outline of equipment is below:

Training Innovations



NeoNatalie Live
Newborn
Ventilation Trainer



MamaBirthe
Birthing
Simulator



MamaNatalie
Postpartum
Complications Simulator

Clinical Innovations



Moyo
Fetal Heart
Rate Monitor



NeoBeat
Newborn
Heart Rate
Meter



Upright
Newborn
Bag-Mask



Penguin
Newborn
Suction

HMBS Training Materials



- Helping Babies Survive (HBS)
- Helping Mothers Survive (HMS)
- Kangaroo Mother Care (KMC)
- Pre-eclampsia/Eclampsia (PE/E)
- Infection Prevention and Control (IPC)

[For more info, click here.](#)

Access via: www.hmbs.org

Skills Corners need to be established within health facilities to establish and sustain the SBBC program.

A Skills Corner is a designated area for simulators, clinical tools and training materials. It should be easy to access for healthcare workers so they can regularly carry out the low-dose high-frequency training that is central to this program's success, on-site at their workplace. This area needs to be adequately sized for simulation practice and group training sessions. It could be a designated room or an area within a maternity ward, for example.

Safer Births Bundle of Care in Action at Health Facilities

2A) WHAT DO THE INTRODUCTORY SESSIONS INVOLVE?





Initial on-site introductory sessions – initiated by the SBBC Project Team and Local Health Authorities - on the clinical tools, newborn resuscitation, labour management and data collection take place at all health facilities engaged in the SBBC program. These initial sessions are essential to kick-start the process of participants undertaking regular, on-site low-dose, high-frequency hands on training, utilizing the Skills Corner.

The content of these initial trainings can be adjusted to meet the needs of specific health facilities, dependent on available data.

Note: additional refresher trainings will be carried out periodically.

2B) WHAT DATA IS COLLECTED AS PART OF SBBC, AND WHY?

The data collected as part of SBBC, can be understood below:

- Electronic data collection system: Patient case notes, labour and delivery registers, antenatal cards and death registers. **Why?** To better understand clinical processes, events and outcomes during peripartum care at the health facilities. 
- Scenario practices and discussions: Details of clinical scenarios, device usage discussions, and facility success stories. **Why?** To provide information to inform both scenarios and debriefs for quality improvement purposes. 
- Training data is collected from the scenario and simulation-based training, via tools such as NeoNatalie Live. 
- Questionnaires and surveys: Responses regarding care experiences and satisfaction levels from women in various facilities. **Why?** To understand women's experiences and satisfaction with care. 

Data driven decision making is a key part of the SBBC program, contributing the focus on continuous quality improvement.

Safer Births Bundle of Care in Action at Health Facilities

2C) WHAT IS THE ROLE OF MENTORSHIP AND SUPPORTIVE SUPERVISION IN SBBC AND HOW DOES THIS WORK IN PRACTICE?

Mentorship is growth-oriented, focusing on developing individual capacity, skills, and confidence, done primarily by mentors.

Supervision is task-oriented, ensuring that specific activities are carried out according to plan and that standards are maintained (done by the project team, i.e. coordinators, or the government).

Mentors carry out regular visits at points throughout a year. The frequency of these visits can be increased based on the needs for the health facilities. Their aim is to provide support to ensure that regular high-quality training is ongoing.

Areas that may be focussed on during these sessions include:

- Clinical skills and use of clinical and training tools.
- Feedback and debrief sessions based on collected data.

Key project team members conduct supportive supervision visits quarterly. These might involve:

- Adherence to protocols and guidelines.
- Data collection and documentation practices.



03 Maintaining Equipment

3A) WHAT CONSIDERATIONS SHOULD BE GIVEN MAINTENANCE OF EQUIPMENT?

Good care of equipment can help to keep it in circulation for a long time. It is therefore important to ensure accessible user information to all who interact with the equipment. It is also important to ensure maintenance schedules and cleaning protocols (according to the product user guide) are adhered to.

Local technicians or biomedical engineers may be trained by Laerdal Global Health to troubleshoot issues with SBBC products. Contracts may also be established with local suppliers to ensure access to service on selected equipment. This helps to extend the lifetime of products.

An inventory of equipment should be maintained in a physical logbook – and equipment can be returned* and replaced if faults cannot be fixed.

Information about how to report problems, can be located on the Laerdal Global Health website, here: <https://laerdalglobalhealth.com/support/customer-complaints/> (and this page can also be printed and displayed in-facility).

Note: It is vital that any issues with products are reported immediately, using the process in the link above, or by emailing LGH@laerdal.com.

*Returns and replacements dependent on issue and status of the product's warranty

04 Maintaining Skills and Knowledge

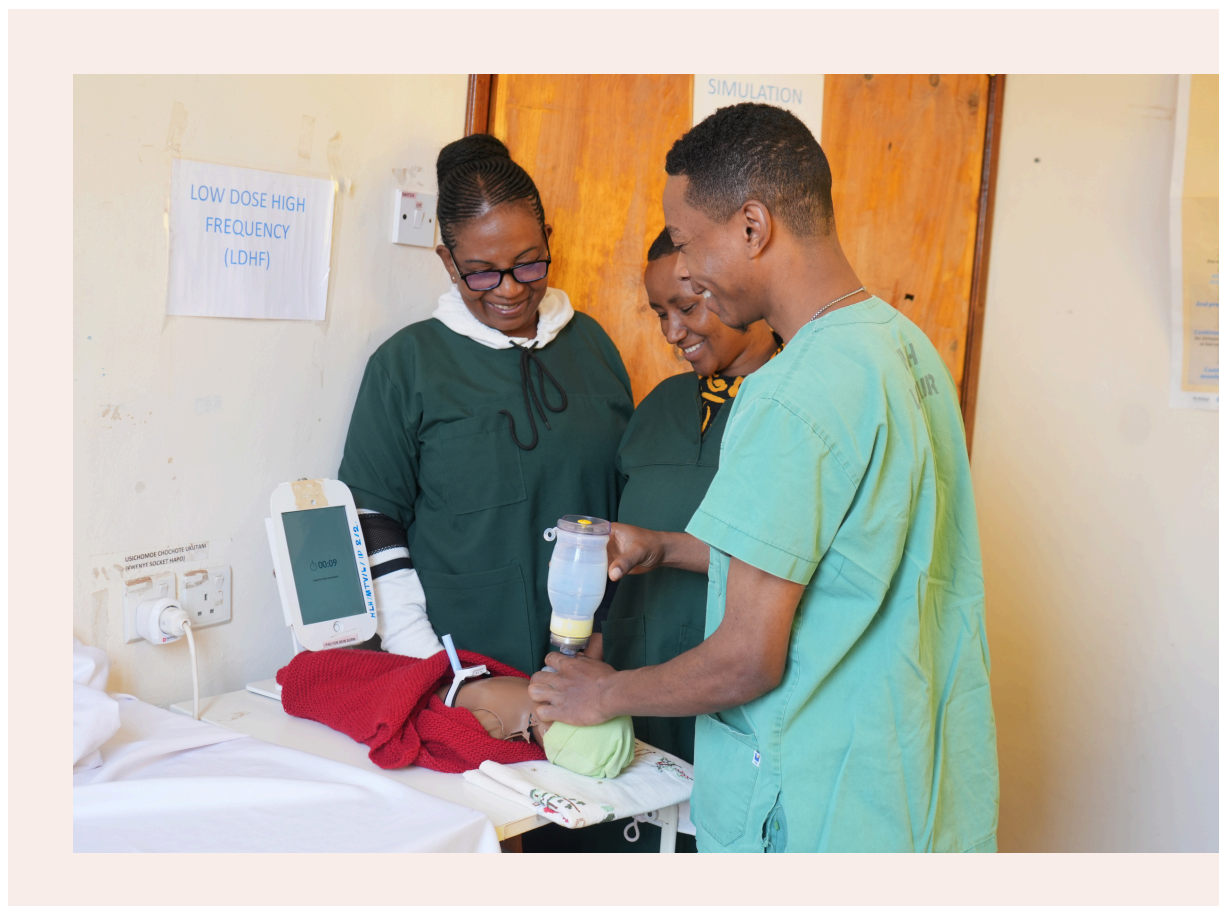
4A) WHY IS IT SO IMPORTANT TO EMBED LOW-DOSE, HIGH FREQUENCY TRAINING IN FACILITIES?

One off training sessions with no follow up are proven to have a lesser impact than regular, short training sessions. It is therefore the role of the Facility Champions to ensure health workers who manage births are regularly engaging in hands-on trainings – both scenario-based simulation practice and skills practice.

Repetition and good debriefing are key elements to change in clinical behaviour.

Discover more about low-dose, high frequency training [here](#).

It is essential that healthcare workers are confident in using both the medical devices (such as Moyo) and training simulators. Introductory training and follow up refresher trainings can help ensure they are used in the right way, supporting healthcare workers to better manage the causes of maternal and neonatal mortality.



05 Maintaining Motivation

5A) HOW CAN COMMUNITY DISCUSSIONS (SUCH AS WITHIN A WHATSAPP GROUP) SUPPORT THE SUSTAINABILITY OF THE PROGRAM?

Established by one of the national facilitators, and including National and Regional Facilitators and Facility Champions, these groups can be a great forum for those involved in the SBBC program. They provide a platform to:

- Share updates and essential information
- Provide real time support and feedback
- Share best practice and success stories (for inspiration)
- Coordinate training and supervision sessions
- Facilitate easy communication between Mentors and Facility Champions

Members of the SBBC Project Team can provide further best practice guidance for establishing and managing these community discussions.

For more detailed implementation information, please email:
grace.qorro@laerdal.com



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