INTRODUCTION

SBBC Phase II

Bundling the Bundle:
SBBC+VAB TOTs TRAINING REPORT

HAYDOM LUTHERAN HOSPITAL 3RD -7TH MARCH

The “Bundling the Bundle – Safe Vacuum + SBBC- is a ground-breaking initiative under the Safer Births Bundle of Care + Safe vacuum projects, aimed at reducing maternal and newborn mortality in Tanzania.

This initiative focuses on promoting Vacuum-Assisted Birth (VAB) as a safe, evidence-based alternative to unnecessary cesarean sections and prolonged labour-related complications.

From 3rd to 7th March 2025, a training of trainers (TOT) course was conducted at Haydom Lutheran Hospital (HLH) by Safe VAB faculty team from HLH, Stavanger and Karolinska hospitals.

The participants were from four health facilities identified based on delivery volume, institutional readiness, and existing engagement with SBBC interventions. Additional participants were from SBBC, TAMA and AGOTA. The initiative is part of the Safe VAB+SBBC’s mission to scale up impactful maternal health interventions through structured clinical capacity building.

Despite strong international and local evidence supporting VAB, its uptake remains significantly low in Tanzania. This TOT course sought to address that gap by equipping frontline midwives and clinicians with the knowledge, skills and confidence to safely conduct VAB and cascade the training to their colleagues.

Goal

The overall goal of the training was to increase the use and safety of Vacuum-Assisted Birth through a structured and standardized training model (safe vacuum). The specific objectives were:

- To build a core group of master trainers capable of training other health care providers on the safe application of VAB.
- To introduce clinical guidelines, job aids, and simulation training tools to support long-term practice.
- To foster a culture of confidence, safety, and accountability in the use of VAB techniques.
- To begin addressing systemic barriers to VAB use, such as lack of equipment, low confidence among providers, and fear of blame or complications.

TRAINING DAYS AT HLH

The coordinator of training welcomed participants and facilitators, followed by getting to know each other. The training was officiated by Directors of clinical and nursing services at HLH, they welcome participants to HLH and assured support during their stay at Haydom.

Training was held daily from 9AM to 1630PM following a prepared agenda for each day, encompassing both theoretical and practical sessions. The Jhpiego course materials on helping mothers and babies survive were utilized. The first day commenced with an in-depth orientation on SBBC program by Dr Benjamin and Safe VAB project at HLH by Dr Munyaw. The presentations emphasized the critical need to improve maternal and newborn health outcomes through evidence-based interventions such as vacuum-assisted birth.

Participants undertook a pre-assessment exercise each day to gauge their initial understanding of key concepts that would be covered throughout the week. The first two days functioned as a revision to participants, revisiting critical components of essential care of labor and childbirth and prolonged obstructed labor.

Routine labour ward operations including identification and response to obstetric emergencies were revisited. In addition, hygiene and sanitation protocols, and proper sterilisation techniques were refreshed. Standardized videos recommended in Jhpiego curriculum were used to demonstrate various skills in these sessions. The sessions were highly interactive, allowing participants to share experiences, discuss challenges, and suggest context-relevant solutions. The participatory nature of these discussions fostered active engagement and peer learning, significantly enriching the training process.

Subsequent mornings included structured recap sessions where participants collectively reviewed the previous day's content, addressed lingering questions, and clarified misunderstandings. This daily reflection enhanced retention and ensured a shared understanding across all participants.

Focus on safe VAB: Days 3 to 5

The final three days of the training focused intensively on the VAB. VAB compendium was used to illustrate the components and actions of Safe Vacuum model. Facilitators guided participants through identifying appropriate VAB cases using VAB action plan, flip book and providers guide.

Attention was given to the procedural and ethical aspects of conducting VAB, including effective communication with both healthcare colleagues and clients, understanding the rationale behind VAB implementation, and recognizing its value in maternal and newborn health. Several practice sessions in group sessions and simulation in teams were conducted.

The concept of clinical mentorship was introduced and its importance emphasized in relation to VAB. Data from Safe VAB project at Haydom was presented and discussed to showcase how VAB is important in preventing unnecessary c/s especially for first time mothers and role of midwives in performing VAB.

Given that VAB is not yet widely practiced in many healthcare settings in Tanzania, the training also emphasized behaviour change communication and advocacy skills. Participants were equipped with techniques to counter negative perceptions, correct misinformation, and promote VAB adoption within their respective facilities and communities.

Observations and Outcomes

The training seemed to be well-received by all participants. The interactive approach, combined with focused content delivery and practical application, created a conducive learning environment.

Participants expressed increased confidence in applying VAB skills in their work settings. More- →

over, the week-long training successfully met its objectives of preparing a team of VAB TOTs capable of cascading the knowledge and supporting implementation in their facilities. This was demonstrated by participants making safe VAB implementation actions plans for each facility.

Lead trainers

Trainers from safe VAB faculty - Dr. Munyaw (HLH), Jorgen (SUS), Magnus (SUS), Anna (KUH) and midwives from HLH (Sabina and Fortunata) served as the lead facilitators throughout the week. They provided lectures, simulation-based training, live demonstrations, and supervised practical sessions. Their focus areas included:

- Indications and contradictions for VAB
- Criteria for VAB
- Communication and informed consent
- Hands-on practices using MamaBirthie
- Managing VAB complications

Training methodologies

- Interactive lectures
- Demonstrations
- Simulation in teams
- Videos

During the training, several actionable recommendations were proposed to strengthen the adoption and effective use of Vacuum Assisted Birth (VAB) in health facilities:

1. **Adherence to Guidelines and Standard Operating Procedures (SOPs):**
   The consistent use of nationally approved **clinical guidelines and SOPs** was emphasized as a critical step in standardizing the safe and effective use of VAB across all levels of care.
2. **Equipment Use:**
   Ensuring that healthcare providers have **proper knowledge and hands-on experience** in handling VAB equipment. Lack of familiarity with the tools often leads to underutilization or improper use.
3. **Simulation-Based Training:**
   The integration of **regular simulation exercises** was recommended as a practical approach to enhance clinical confidence and competency. Frequent practice through simulations can improve providers' readiness to use VAB during actual labor and delivery situations.
4. **Client Involvement and Respectful Maternity Care:**
   A key point raised was the importance of **involving women in decision-making** by providing them with information about the VAB procedure. Rather than treating clients as passive recipients, respectful and informed care should be prioritized. It was suggested that this education could begin as early as **antenatal care (ANC)** visits, where women are introduced to various delivery options, including VAB.
5. **Audit and Feedback Mechanisms:**
   The use of **local data for continuous quality improvement** was strongly encouraged. TOTs were advised to conduct **regular clinical feedback sessions, and debriefings** to identify gaps, monitor outcomes, and refine practice. This data-driven approach is key to improving both clinical performance and patient outcomes.

Training outcomes

- **Development of skilled trainers:**
  8 midwives, 2 Gynaecologists, 3 SBBC coordinators and 1 TAMA representative were successfully trained . These individuals are now equipped to conduct VAB (Vacuum-Assisted Birth) training sessions within their respective health facilities, ensuring sustainability and local capacity building.
- **Enhanced knowledge and clinical skills:**
  End-of-training evaluations using OSCE tests demonstrated significant improvement in participants' technical competencies and confidence in clinical decision-making related to VAB procedures.
- **Deployment of essential equipment and job aids:**
  Participating facilities were supplied with complete VAB kits, Standard Operating Procedures (SOPs), checklist and practical job aids (safe VAB compendium, provider guides, action plans, flip books) to support effective implementation.
- **Establishment of a mentorship and support framework:**
  A mentorship structure was introduced, enabling ongoing support for TOTs through remote guidance through phone calls and WhatsApp group and scheduled site visits
- **Introduction of monitoring and evaluation tools:**
  Facilities received customized audit tools (debrief forms, VAB registry) designed to track the application of VAB, monitor outcomes for mothers and newborns, and identify areas for continuous quality improvement.

WAY FORWARD

The successful completion of the SBBC+VAB training marks an important milestone in enhancing emergency obstetric care in the Manyara Region. To translate this training into sustained improvements in service delivery and maternal-newborn outcomes, the following actions are proposed as the way forward:

1. Post-training follow-up and mentorship

- Establish structured mentorship and supportive supervision for trained VAB TOTs and health care workers at implementing hospitals

2. Facility-Level implementation

- Ensure that all participating facilities are equipped with complete and functional VAB kits, along with updated SOPs and checklists.
- TOTs conduct trainings of health care workers involved in maternal and newborn care at participating facilities, to be supported by VAB faculty from HLH.

3. Monitoring and evaluation of VAB utilization

- Integrate VAB into routine service monitoring by collecting and analyzing data on VAB usage, outcomes, and challenges.
- Use facility-based audits and review meetings to assess progress, share learning, and identify areas for improvement.

4. Strengthening client engagement

- Incorporate education about VAB into antenatal counselling to improve community awareness, acceptance, and informed consent during labor.
- Develop simple IEC materials (posters, leaflets) explaining VAB as a safe delivery option to reduce fear and stigma.

5. Continuous capacity building

- Plan periodic refresher trainings and simulation-based skill drills to keep providers updated and technically competent.

6. Policy and system strengthening

- Work with district and regional health authorities to integrate VAB indicators into performance audit reviews and maternal health strategies.

CONCLUSION

The **SBBC + VAB Training,** conducted from **3rd to 7th March 2025**, was a critical step toward improving maternal and neonatal outcomes in Manyara Region. Over five days, TOTs were equipped with essential knowledge, practical skills, and a renewed commitment to implementing VAB safely and effectively in their respective health facilities.

The training not only strengthened clinical competencies but also addressed the underlying attitudes, perceptions, and systemic barriers that have long hindered the uptake of this important emergency obstetric intervention. Through interactive sessions, simulations, video-based learning, and collaborative discussions, participants gained a clear understanding of the role VAB plays in reducing prolonged labor, minimizing unnecessary caesarean sections, and preventing fresh stillbirths.

Moreover, the training emphasized the importance of **respectful maternity care**, client involvement, and infection prevention, reinforcing the holistic approach promoted under the SBBC program. Participants left the training empowered not only with technical skills, but also with the confidence and leadership to serve as **VAB champions** and agents of change within their facilities.

To sustain the gains achieved, ongoing mentorship, resource availability, and supportive supervision will be essential. With the right support, TOTs will be positioned to enable other colleagues perform safe VAB and contribute significantly to Tanzania's maternal and newborn health targets.

APPENDICES

Picture assortments

Safe Vacuum experts and training faciliators: Dr. Yuda Munyaw and Dr. Jørgen Linde providing fundamental VAB program at HLH, Tanzania, March 2025