





Midwifery Training Attendee List

Nov 1-10. 2012

Worldwide Healing Hands Lynn Arnold, LM, CPM Himalayan Healthcare

Singfiring Hospital, Ilam, Nepal

	Name	Photo	Email	Facebook	Practice
1.	Dipa Rai (part time)		Nelinrai@yahoo.com	same	Singfiring
2.	Krishna Subedi (part time)		kriti_8u@yahoo.com	same	Singfiring
3.	Sunita Basnet, ANM (part time)		Meaghsunita_basnet@yahoo.com		Singfiring
4.	Asmita Joshi		Asmitajoshi56@yahoo.com	same	Ilam Dist
5.	Mira Uprety, ANM		Uprety.mira@yahoo.com	Mira Uprety	Ilam Dist
6.	Radhika Nembang, ANM			Radhika Limbu	Ilam Dist

7.	Phul Maya Tamangy, ANM		Tamamgphulu@yahoo.com		Dhding
8.	Rashmaya B.K., ANM		Roj.Roshani@yahoo.com		Dhding
9.	Saraswati Lamsal, ANM		Ybaniya@yahoo.com		Dhding

Class Workshop Topics Taught

1. Gestational age assessment; client hx, ultra sound & reliability, use of gestational wheels (they had never seen a wheel), fundal height, estimating fetal size, and correlation of information. Discussion and practice.
2. PAP Smears, what information can be found, interpreting results, how and when, demonstration, practice of procedure with models, and application in actual client care.
3. New born examination of the complete body; head to toe and front to back, when, maintaining temperature, including assessing gestational age, size (wts & measures), heart and lung sounds, reflexes on models and in actual client care.
4. Newborn resuscitation using "Helping Babies Breathe" flip chart and handbooks, with more in depth use of ambu bags (using the practice ambu bags and baby models) including dry, assessment, suction (use and cleaning of the bulb syringes given out), stimulation, positioning for resuscitation, assisted breathing, assessing heart rate, decisions to continue, caring for the newborn after resuscitation, necessary evaluations, signs of respiratory distress, maintaining body temperature and calories, possibility for transfer of care in this area. Lecture, discussion & practice on models)
5. Assessing labor; failure to progress, using or not using the partograph issues, when is induction and augmentation appropriate such as post dates, prolonged rupture of membranes, risks of prolonged or precipitous labors, need

for increased fetal assessment in prolonged labor, or use of oxytocin. Use of oxytocin with vs without ROM, dose and drip rates. Lecture, discussion and application in actual client care.

6. AROM; when, using forceps (harder to control) vs amnihooks (may be used to leak if done appropriately) if available, need for sterile technique, may change character of the labor contractions, need for assessing FHR for cord compression, prolapse immediately with and after ROM, how to handle abnormal FHR with change of maternal position to lateral L, R and elevation of fetal head. Lecture, discussion and model practice.
7. Cord Prolapse when and where caesarean is not immediately available; recognizing obvious or occult, assessing FHR by doppler and or cord pulse, maternal repositioning trendelenburg, knee chest, elevation of presenting part, possibilities of cord replacement in extreme cases, how to guard cord and or replace, and continued assessments, transfer of care how and continued assessments. Lecture, discussion and demonstration and practice on models.
8. Abnormal FHR patterns; using a doppler, predisposing factors to fetal distress such as post dates/preterm, maternal health (elevated B/P, eclampsia, illness, trauma, diabetes, etc) placental/cord problems, meconium staining as applicable, doppler may double HR need to know rates by ear also, how to count, recognizing early, late and variable decelerations with monitoring HR before, during and after contractions, monitoring frequency rates with normal vs abnormal FHR, resolving HR difficulties, improving maternal fetal flow by maternal position, removing oxytocin, increasing o2 flow to mother, elevating presenting part, fetal assessment by scalp stimulation, expediting delivery (including episiotomy & vacuum), second stage pushing to body response vs guided pushing, and ready for resuscitation. Lecture, discussion diagrams, actual client care.
9. Suturing; preserving perineum, episiotomy (mediolateral vs midline), when episiotomy, assessments of the pelvic floor and sterile technique (visual, speculum, manual), sutures vs no sutures, use of anesthetics, subcuticular stitching and knots, unusual tears, doubles, periurethral, labial splits, and bleeders. Lecture, demonstration on models and actual client care, hands on practice on sponge models.
10. Laboratory evaluations in pregnancy; basic prenatal panels, how to evaluate for anemia without lab work, RH negative issues, understanding RH negative, what is Rhogam and how it works, coombs testing, discussion of possibility of immediate cord clamping and draining to reduce fetal maternal bleed and sensitization due to lack of Rhogam in most areas. Lecture, discussion, and diagrams. Note: 2 of the men from the lab came in to listen to this class.
11. Shoulder dystocia; predisposing factors, environmental causes, recognizing signs prenatally, in labor and second stage, not always reliable, head turtling, call for assistance, time importance, maternal position/s, maneuvers, supra pubic pressure, episiotomy, fracturing clavicle, possible resuscitation, examining newborn for injuries, possible maternal hemorrhage and trauma. Lecture, demonstration and practice with models.
12. PP Hemorrhage; predisposing factors, predictability, using AMTSL, causes 4 T's - tone, trauma, tissue, thrombin, responding to blood loss, medications & doses (oxytocin, misoprostol, methergine), pre-post placental delivery, manual & ring forceps/gauze removal by sterile technique, uterine massage, bi manual compression, uterine

replacement, trauma repair, monitoring vitals, fluid/blood replacement, after care and instructions for mother and newborn including rest, nutrition, possible sepsis. Lecture, discussion, and demonstration.

13. Breech deliveries; recognizing predisposing factors, risks of breech delivery, examination difficulties in breech, presentations, breech labor differences, assessing the cervix in labor, maternal positions in labor, assessing the fetus in labor, dealing with the premature urge to push, attempting intact membranes, assuring complete dilation, hands off vs hands ready during second stage, breech maneuvers, possible resuscitation, and examination of the breech newborn. Lecture, discussion, demonstration and practice on models.

There were many other minor topics that are not included in this list but we discussed as it was always an open discussion learning process, with many question and answers.

The client care was very beneficial for teaching the skills and assuring the midwives were able to apply the skills and principles of the classes they attended.

