

HAITI

HEALTH INITIATIVE

Partners Promoting Health, One Community at a Time.

Education Report, October 2012

About the Author

My name is Stephanie Morgan. In preparation for the trip to Haiti with Haiti Health Initiative (HHI), I met with Marc-Aurel multiple times and discussed information and got feedback from RN's and personnel who had gone on previous HHI trips. Although this trip was my first with HHI, it was not my first trip to Haiti. I had gone in January 2010 for emergency medical relief from the earthquake. This trip would be my first with an organized, scheduled, and routine organization who was established in Haiti. My objectives were to continue the education per HHI protocols and recommendations, expand and enlighten previous subjects taught and discussed, teach effectively so the midwives could implement the information, and introduce some information that lay midwives attending the clinic needed and wanted. My goal was to follow through on information taught in the past and give information that was needed. We also wanted to discuss with them their concerns and problems and ask questions regarding this information to see what they felt comfortable with and what they needed more information on.

Activities in Haiti

We focused on prenatal care (care while pregnant), intrapartum care (care during labor and delivery), and postpartum care (care after delivery of baby and placenta). We then discussed neonatal resuscitation (a very brief, scaled down version of NRP), and finally attempted to do teaching on hypertension in pregnancy (PIH, pre-eclampsia) and blood pressure.

We got handouts with pictures to attach directly on the resuscitation bags we gave to the lay midwives. For those that could not read (which was the majority), we went over the information, and the pictures next to the information were reminders of the simple easy steps to follow. We were able to get these handouts translated into French. As we taught, we had blood pressure kits for them to see if this was something that would be effective and be able to put into practice. We felt that more teaching with visuals and demonstrations would be more effective.

Results

We gave 20 midwife kits/bags to each midwife with a backpack and several items (watch, head light, measuring tapes, neonatal [Ambu] resuscitation bags, notebook, pens, folder, soap, hand sanitizer, and blood pressure kits with stethoscopes). They also got individual delivery kits (baby blanket, string, bulb syringe, baby hat, ky jelly, sterile gloves), about 4-5 kits for each lay midwife total.

We compiled a short handout on blood pressure translated into French about taking blood pressure and high limits and low limits all with pictures to hand out and attach directly to their blood pressure kits. We taught them to keep a record of their deliveries. This would help not only for themselves but also HHI because it would help future trips be successful in helping the lay midwives. By keeping a record, we hoped to obtain information on the number of deliveries, their practices, outcomes, if and when they are using the resuscitation bags, and what they do in emergencies or problem situations.

We passed out the delivery records that were translated into French, as well as binders, pens, and notebooks, and discussed with them how important it was for them to fill them out with every delivery. We stressed that in order for us to know this information, we needed to records because they would help us understand and help them the most. We told them that in order to come back and receive any training in March or the future, they would need to bring back the records of every delivery, filled out as best as they could. This would be a tool to help us help them and get the best information.

We taught them information, asked them questions about their comfort level and previous knowledge they had about the information, what further questions they had, and what they really wanted to know about the information being taught. If they seemed to already know some of the information, we would go over different scenarios and situations for them to work through. We went over many different scenarios over many different topics to help them critical think and to talk about options or other things they could do to help the woman before just sending them to a clinic, and when they really needed to send the woman to the clinic.

We talked about the correct and incorrect way to do things and went through different scenarios where they would have to critically think through different situations and use the information they had been taught. We compiled many handouts, visual aids, and hands on learning aids in order to teach most effectively. We focused on the information and did not give out any handouts or items until the very last day after they had completed all of the teaching.

They loved the little lessons about scaled down anatomy, blood pressure, scaled down pathophysiology on placenta previa, and abruption. Ideally, they are going to be the educators of their patients and so they really responded well to the visuals and explanations instead of just knowing that some complications were dangerous. With the right explanation, they were very capable of understanding.

Problems and Challenges

Many times during teaching, the lay midwives would tell us that they needed to leave because it was late and it would be a long walk home. Some days people would keep filtering in the class and many would come at the end of class after we had discussed the information in detail. It disrupted the teaching because we kept a role to know who they were, their experience, etc. And if a new lay midwife came (meaning one who hadn't been to the first or previous day's classes) it would pause

class for quite a while in order to get their information obtained. It was hard to teach when people kept coming to class throughout the teaching time. It stopped the teaching and learning on both sides. Again, these people have to walk far and it is different for them, but it was a huge disruption and they only got some of the vital teaching.

It was difficult knowing what had already been taught to them in the past and what resources were available to us. At times they did not seem to be too interested or involved with the material. At one point we were even notified by a translator that the current translator we were using for the class was not translating very correctly. The lay wives also wanted Cytotec, but we did not have any.

Another challenge we encountered was the different levels the multiple lay midwives were on. Many of them were very adept and had done a lot of deliveries and even had certifications. Some had only had little classes at the hospital in Saint Croix, and a few were from another organization that was not Haitian operated. There were probably 3-4 levels of learning within the groups of midwife, and some of those wanted to teach the others and even us about their experience. We needed to be teaching and reaching all those that we could, but there were so many different levels that we did not know how effective we were really being.

Future Solutions and Recommendations

We thought it would be beneficial to have smaller focus groups in order to really get the appropriate information to the corresponding individuals. Perhaps identifying one or two of the midwives to be the 'head midwife' to help teach and oversee the others as far as use of information and teaching would help. It would also help to determine the different levels the midwives were on and teach them at their level of knowledge.

Likewise, it could also be beneficial to train to be a correspondent, someone to have official training and then use that to train others. This way, future trips could really evaluate the effectiveness and knowledge of this person. It would be someone to evaluate during the 6 months we are not present. It would also be beneficial to keep a permanent record of what HHI classes the midwives have been to and exactly what training they have received in the past so we will know what has already been taught to them. It would help to be able to watch and be a part of deliveries that the midwives perform, but we realize this is difficult as there is no control over when women will be having babies.

Scenario teaching would be very helpful, to go through several scenarios with all the teaching information. Discuss all kinds of different scenarios for one piece of information because of the multiple variables that can and will happen. Have small groups of 2-3 midwives on similar levels in order to get correct and appropriate teaching and information across. Not only is it a waste of our time but also their time to travel for hours only to not understand or retain information being taught. They may think they understand the information while they are sitting there, but in order to

actually implement the information is a totally different thing. Maybe one day could be spent teaching and going over the concept and the next could be used to review scenarios.

Another suggestion is to having set times and days. Maybe those that come to the training should register so we can be aware and prepared for who will be there. If they want the education and training we are giving, they need to have a registration with us so that we can better keep track of them and their attendance. Perhaps if they don't attend or only come to half the training we may not allow them back. Time frames also need to be more consistent and manageable, such as perhaps 2 hours over 4 days. This would help us utilize the days we are there and teach the most effectively.

It is very important to follow up on the teaching to see if there are changes that need to be made. This could be best accomplished if we were to have small groups with similar learning levels. Another important part is the standardization of teaching and protocols for midwives as well as handouts used and available to persons going so that the trips can pick up where the last one left off and the midwives are getting all the information they need.

Personal Reflections

It was a wonderful and amazing trip. I do feel it was effective. Even if we were able to help one person become better with what she does, it was effective. I can now say I was very over prepared, thus leading to some of my frustration that was self-inflicted. Overall I feel our missions, goals, and objectives were met and implemented to full capacity, despite several kinks along the way. I truly believe that HHI's mission is currently and coming to fruition, and we are planting seeds that will create a lasting and permanent change for the people of Timo. Looking at the past and improving it for the future are imperative to nurturing the seeds. Some things are able to be done, but for others the timing may not be right or it may not be an option. I understand that and know that many factors are involved into this great undertaking. I truly love and care about the people in Haiti and hope to better their lives, even if it is one small step at a time.