



**Institute of Nutrition of Central America  
and Panama (INCAP/PAHO)**

**Quetzaltenango Health Area**

# **Training Manual for Trainers of Traditional Birth Attendants**



*Quetzaltenango Maternal  
and Neonatal Health Project*

**MotherCare<sup>TM</sup>**

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**TRAINING MANUAL FOR TRAINERS OF  
TRADITIONAL BIRTH ATTENDANTS**

*Quetzaltenango Maternal and Neonatal Health Project*

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*Guatemala, 1993*

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## **EXECUTIVE SUMMARY**

**This training manual for trainers of traditional birth attendants was developed as part of the activities of the Quetzaltenango Maternal and Neonatal Health Project. The project was carried out from 1988 to 1993 in the Quetzaltenango Health Area of Guatemala and formed part of the Institute of Nutrition of Central America and Panama's (INCAP) program to promote maternal and child health in Central America. This was a collaborative project between the Quetzaltenango Health Area and INCAP.**

**The primary goal of the project was to reduce the high rates of maternal and neonatal mortality through more efficient use of existing resources and through intervention at all levels, from the community to the hospital. The objective of the intervention was to promote early detection and adequate management of the principal obstetric complications during the prenatal, intrapartum and postpartum period (e.g. hemorrhage, sepsis and eclampsia) and neonatal complications (asphyxia, sepsis and complications due to prematurity and low birthweight).**

**The project was developed in three phases: diagnostic, intervention and evaluation. In the diagnostic phase, studies were performed to determine the limiting factors and other problems in the management of obstetric and neonatal cases at the levels of the hospital, health centers and posts, traditional birth attendants (TBA), and families. Surveys were taken of the users of the health services, health service personnel, and TBAs to determine the factors that influence the appropriate management of obstetric and neonatal cases and the adequate utilization of the health services. Studies were also performed to determine the principal causes of maternal and neonatal death.**

**Two of the principal findings of the studies showed that 95% of the maternal deaths were caused by hemorrhage, sepsis and eclampsia; and 92% of the peri-neonatal deaths were caused by asphyxia due to malpresentation and prolonged labor, sepsis, and complications related to prematurity and low birthweight. It was found at the health service level that the health care personnel and the TBAs had received no recent education regarding the detection and management of the principal obstetric and neonatal emergencies and that specific management protocols for these complications did not exist. In addition, the referral and counter-referral system was not functional.**

**In the second phase, interventions aimed at improving the detection and management of the principal obstetric and neonatal emergencies were developed based on the findings of the diagnostic phase.**

Health service management protocols were established for the principal obstetric and neonatal emergencies, and educational sessions were held for health service personnel and TBAs. Meetings were held with health service personnel to sensitize them and to encourage the acceptance of TBAs and their patients into the health care services. Attempts were also made to increase the perceived value of TBAs and their patients. Meetings between personnel at different levels of the health care system were arranged in order to improve the system of referral and counter-referral. TBA trainers were trained in order to improve their technical knowledge of the management of obstetric and neonatal emergencies and to acquaint them with participatory teaching methodologies of adult education. Practical, low-cost, easily constructed visual materials were developed to help conduct the TBA training sessions in a more practical and participatory manner.

In the third, or evaluation, phase, the impact of the different interventions was evaluated, and monitoring and evaluation systems were established at the health service and community levels.

Preliminary data from the evaluation phase show a significant increase in TBA referrals of complicated obstetric cases to the hospital. Neonatal mortality in the hospital has decreased from 38 per 1000 live births in 1989 to 32 per 1000 live births in 1992. The TBAs report better acceptance by the hospital personnel, who are beginning to welcome their participation during the hospital births of their referred patients. In the health centers and health posts, the information registered in the clinical charts of prenatal, postnatal and neonatal care has improved. Additionally, an increase in skills performed by health personnel during prenatal clinical examinations has been observed.

The basic principles of TBA training in the context of this project are the following:

- The training material is reduced and made more concrete to avoid an overload of information and poor assimilation of the contents.
- The material discusses problems that confront the TBAs in their daily life to maximize their interest and to allow them to see the usefulness of the training.
- The material is limited to the principal causes of maternal and neonatal mortality.
- The transmission of the material uses participatory methods based on the principles of adult education. The TBA trainers are trained in educational method for adults.
- In order to conduct TBA training in a practical and participatory manner, low-cost visual material that is easily constructed in any local health service is used. This material creates more practical training activities in which the TBA can actively participate.



- The TBA trainers are trained to increase their technical knowledge of obstetrics and neonatology. The educator has more credibility in the eyes of the TBAs if she can answer technical questions about obstetrics and neonatology.
- To ensure that TBA referrals are successful, the different levels of referral (health center and post, hospital) were prepared to appropriately manage referred cases and treat the TBA and her patient respectfully. Management of cases in the health services was standardized, and meetings were held with the health service personnel to improve their understanding of the TBAs' work and its importance.

Included in this manual is the minimal technical knowledge that the TBA should possess in order to be able to contribute to decreasing maternal and peri-neonatal mortality.

This training model can be used to create programs that address more preventive issues such as breastfeeding, nutrition and family planning.