



ORIGINAL RESEARCH – QUALITATIVE

Simulation based training in a publicly funded home birth programme in Australia: A qualitative study

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ABSTRACT

Background: Birth at home is a safe and appropriate choice for healthy women with a low risk pregnancy. However there is a small risk of emergencies requiring immediate, skilled management to optimise maternal and neonatal outcomes. We developed and implemented a simulation workshop designed to run in a home based setting to assist with emergency training for midwives and paramedical staff. The workshop was evaluated by assessing participants' satisfaction and response to key learning issues.

Methods: Midwifery and emergency paramedical staff attending home births participated in a simulation workshop where they were required to manage birth emergencies in real time with limited availability of resources to suit the setting. They completed a pre-test and post-test evaluation form exploring the content and utility of the workshops. Content analysis was performed on qualitative data regarding the most important learning from the simulation activity.

Results: A total of 73 participants attended the workshop (midwifery = 46, and paramedical = 27). There were 110 comments, made by 49 participants. The most frequently identified key learning elements were related to communication (among midwives, paramedical and hospital staff and with the woman's partner), followed by recognising the role of other health care professionals, developing an understanding of the process and the importance of planning ahead.

Conclusion: Home birth simulation workshop was found to be a useful tool by staff that provide care to women who are having a planned home birth. Developing clear communication and teamwork were found to be the key learning principles guiding their practice.

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Summary of relevance

Problem

- There are limited resources available to clinicians who aim to enhance management of complications in a home birth.

What is already known

- Simulation of obstetric emergency helps to prepare staff for those rare but serious complications of birth that can be

prevented or managed by efficient use of resources and effective teamwork.

What this paper adds

- The paper demonstrates the benefit of simulation-based learning and training of midwifery and paramedical staff in obstetric home birth based emergencies.

1. Introduction

Following an approximately half century trend for most healthcare systems in the Western world to encourage only hospital based births, home birth, once the norm, is again

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regaining popularity and institutional endorsement^{1–3} as its safety is (re)-established. For healthy women with a healthy pregnancy, giving birth at home is a safe and appropriate choice⁴ (when women are cared for by trained clinicians, and back-up systems of care are in place). This option of care is highly valued by women and their families.^{5,6}

However, as with any birth, a planned birth at home has attendant risks of unpredictable and potentially life-threatening emergencies such as shoulder dystocia and post-partum haemorrhage. Timely and expert management of these and other emergencies are essential for optimal maternal and neonatal outcomes. The perceived additional risks associated with managing these emergencies in the home, rather than in hospital where there is likely to be better and more immediate access to advanced resources, such as theatre and advanced neonatal resuscitation, has led some authorities to caution against home birth⁷ or to outwardly oppose home birth⁸. In contrast, based on evidence derived from large, well-described population experiences, other learned bodies support and recommend home birth for healthy multiparous women.¹

As with any healthcare provision, a key component of a home birth programme is the safety of mother and baby. The pillars of safe home birth practice encompass appropriate selection of pregnant women, compliance with care management protocols, relevant training to recognise, anticipate and manage complications, and provision of a timely transfer to hospital, with emergency management plans triggered at very short notice. In particular, the provision of advanced and specific training to midwifery staff involved in providing home births is important.

In that regard, high quality simulated emergency training has been shown to reduce the rate of adverse events and improve outcomes in a hospital environment.^{9,10} These simulations afford personnel an opportunity to update their knowledge, to practise skills and to improve communication and teamwork. The learning gained from these programmes results not only from the hands-on teaching drills but also from feedback regarding teamwork performance exhibited in the task.¹¹ The learning acquired may be further supplemented by the process of reflection of one's own practice in relation to the experience assimilated from the simulation activity.

Indeed, the success of such training is thought to depend on the simulations occurring in the real clinical environment and involving all the clinical team players that are involved in routine care.^{10,12} To this end, for many years we have mandated that all midwifery and obstetric staff in our hospital based maternity service undergo regular emergency training using a validated third party programme – the practical obstetric multiprofessional training (PROMPT) program.¹³ Accordingly, in 2011 when we established a public-funded home birth programme as part of our maternity service, we sought to develop a simulated emergency training programme in the home environment for the midwives, and paramedical staff, providing that service. Here, we describe the results of a participant evaluation of that emergency training programme.

2. Methods

2.1. Home-birth programme overview

A publicly funded home birth programme was introduced at a Level 3–4 maternity hospital¹⁴ (Casey Hospital), located in an outer metropolitan suburb of Melbourne, Australia in 2011.

The programme provided training to a group of midwives participating in a rotating (Caseload program) roster in the birth unit, with a view to provide intrapartum care to women in their own home. A home birth steering group was established (Fig. 1) with representation from all stakeholders including senior staff

members from hospital administration, senior midwives, obstetricians, anaesthetists, paediatricians, paramedical staff (who may be involved in stabilisation of women and transfer to hospital), emergency department physicians and nurses. The programme was jointly led by midwifery and medical team members. The Working Group provided guidance to the programme leads in all facets of the programme. Monash Health Human Research Ethics Committee approved the study as a quality improvement activity.

The two key components that supported the home birth programme were development of strict inclusion and exclusion criteria and a protocol to guide the practice of home birth midwives (based on Australian College of Midwives National Midwifery Guidelines). The initial protocol and the inclusion/exclusion criteria were revised six months after implementation of home birth in the community, based on the feedback from the home birth steering group and following the review of the women and births managed at home during that period (Fig. 2).

2.2. Home birth simulation workshop

The third, and probably the most important, component that was designed to encourage and support a safe home birth practice was the in situ home birth simulation workshop. At Monash Health, the Practical Obstetric Multi-Professional Training^{10,13} workshop is attended annually by all midwifery and medical staff, as an “in-house” training day at the hospital. It is currently used as a training tool for obstetricians, anaesthetists, paediatricians and midwives who are trained together as a team, with focus on all facets of clinical practice (including teamwork and communication). The training has been approved and assessed by the health care service, and it was found to be beneficial for health care providers to improve their clinical skills and confidence in management of obstetric emergencies as a team with improvement of clinical practice and outcome.

Adapted from the Practical Obstetric Multi-Professional Training (PROMPT) workshop, we designed an in situ home birth workshop to up-skill midwives.

2.3. Workshop details

2.3.1. Setting and equipment

The home based PROMPT workshop was customised for training for home birth with its focus on working within the scope of practice limited by resources that can be safely provided in a home based setting.

To enhance the fidelity (or realism) of the simulation, the workshop was delivered in a community home (in situ). The equipment used for training was the home birth kit used by midwives in a real home birth. Only two midwives were active participants in each scenario, replicating real home birth practices in our programme.

2.3.2. Participants

The participants of the workshop were home birth midwives, paramedical staff from Mobile Intensive Care Ambulance (MICA) Victoria, who respond to the emergency phone call, and the obstetricians on call (available on phone) who are consulted through telephone for advice.

2.4. Simulated emergency scenarios

The workshop covered five clinical emergency scenarios, which would start with a phone call where a woman in labour (simulated) would make a telephone call to the home birth midwife. Following the initial encounter, the scenario unfolded with occurrence of intrapartum, postpartum, or neonatal complications. At the start of

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