CALL PERSON SKILLED IN RESUSCITATION, IF AVAILABLE, TO BE PRESENT DURING DELIVERY IF BABY IS LIKELY TO NEED RESUSCITATION.

BIRTH

Baby is breathing or crying?

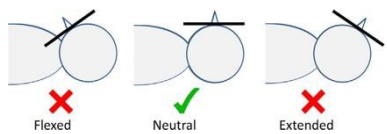
YES

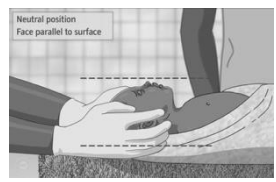
Dry/Cover/Keep Warm
Wait for 1-2 minutes, then clamp and cut the cord.
DRY KEEP WARM
Reassess
Give to Mother for Skin-to-skin care

NO

Baby is not breathing or crying OR is gasping.

- Call for help from extra person.
- Do not cut or clamp cord at this time.
- Dry and wrap baby: Leave on bed between mother's legs to keep warm.
- Open Airway-head tilt to neutral and chin lift
- Do not suction unless solid material visible in mouth or nose.





- Give 5 breaths (2-3 seconds each)
- Using bag and mask, look and make sure baby's chest moves out with each breath.
- If chest does not expand, ensure open airway and good seal of mask to face.
- Consider extra person to squeeze bag.

Baby is still not breathing or crying

- Clamp and cut the cord and transfer to resuscitation area.
- Continue bag and mask breaths at around once every 2 seconds until baby begins breathing or cries.
- Make sure baby is dry and warm.

Baby is now breathing or is crying.

- Give to mother for skin-to-skin

If baby is not breathing after around 20 minutes of breathing assistance, outlook is poor and therefore consider discontinuing breathing assistance.

Resuscitation platforms for newborn babies who did not breathe adequately at birth

Neonatal resuscitation platforms suitable for low resource and tropical settings. Each platform contains bag and mask inflation and manual suction systems.

NEONATAL RESUSCITATION TRAINING REPORT

DATE OF TRAINING: JUNE 28, 2024ti AUGUST 16, 2024ti AUGUST 23, 2024ti & SEPT. 13, 2024

LOCATION: RIVERGEE COUNTY - GBEAPO HEALTH CENTERti DRUGBO CLINICti SARBO HEALTH CENTER, JARKAKEN CLINIC

FACILITATORS: NN– NEONATAL CLINICIAN AND NN – OBSTETRIC CLINICIAN
CLINICIAN

PARTICIPANTS: SCANNED COPY BUT NOT ATTACHED

1. **Introduction**
The purpose of this training was to equip healthcare providers with the necessary skills and knowledge to effectively perform neonatal resuscitation in emergency situations using newly built resuscitation platform that contain resuscitation equipment set. Neonatal resuscitation is critical in reducing morbidity and mortality rates among newborns.

2. **Objectives**
- To enhance the understanding of neonatal physiology and the importance of timely resuscitation.
- To train participants in the use of the Neonatal Resuscitation Platform guidelines.
- To practice skills through pre-test and post-test in simulation and hands-on experience.
- To equip participants with the essential skills and knowledge necessary for effective cardiopulmonary resuscitation (CPR) and emergency response in new-born and paeds. - To addresses the critical need for preparedness in medical emergencies, focusing on both infant and pediatric resuscitation techniques

3. **Training Methodology**
A. Lecture Sessions: Covering the basics of neonatal resuscitation, including the assessment of the newborn, airway management, ventilation strategies, and medication administration.
B. Simulation Sessions: Participants engaged in hands-on practice using manikins to simulate various resuscitation scenarios.
C. Group Discussions: Facilitated discussions on case studies to enhance critical thinking and problem-solving skills.

4. **Content Covered**
- Importance of immediate assessment and intervention.
- Steps of neonatal resuscitation:
  - Initial steps (thermal stability, positioning, suctioning if necessary)
  - Positive pressure ventilation
  - Chest compressions

- Use of medications (e.g., epinephrine)
- Post-resuscitation care and stabilization.

5. **Outcomes**

A. Pre- and Post-Training Assessments: Participants completed assessments to evaluate knowledge improvement. Please result below.

RIVERGEE: GBEAPO HEALTH CENTER			**DATE OF TRAINING: JUNE28, 2024**		
NO	**CANDIDATE NAME**	**QUALIFICATION**	**PRE-TEST SCORE**	**POST TEST SCORE**	**KNOWLEDGE GAINED**
1		RM	50	85	Good
2		G/MW	45	85	Good
3		PA	30	80	Good
4		S/MW	45	86	Good
5		RM	60	95	Excellent
6		RM	64	90	Excellent

RIVERGEE: DRUGBO CLINIC			**DATE OF TRAINING: AUGUST 16, 2024**		
NO	**CANDIDATE NAME**	**QUALIFICATION**	**PRE-TEST SCORE**	**POST TEST SCORE**	**KNOWLEDGE GAINED**
1		OIC/ RM	75	95	Excellent
2		RN	65	88	Good
3		RN/CHSS	58	89	Good
4		N-AID	60	75	Good
5		Dispenser	40	79	Good
6		HMIS	45	80	Good

RIVERGEE: SARBO HEALTH CENTER			**DATE OF TRAINING: AUGUST 23, 2024**		
NO	**CANDIDATE NAME**	**QUALIFICATION**	**PRE-TEST SCORE**	**POST TEST SCORE**	**KNOWLEDGE GAINED**
1		RM	45	87	Good
2		RM	55	88	Good
3		RN/OIC	50	87	Good
4		RN/CHSS	35	80	Good
5		RM	58	90	Excellent
6		NURSE-AID	38	72	Good

RIVERGEE: JARKAKEN CLINIC			DATE OF TRAINING: SEPT. 13, 2024		
NO	**CANDIDATE NAME**	**QUALIFICATION**	**PRE-TEST SCORE**	**POST TEST SCORE**	**KNOWLEDGE GAINED**
1		RM	50	85	Good
2		RN/ OIC	40	85	Good
3		RM	45	90	Good
4		Dispenser	35	80	Good
5		NURSE-AID	38	78	Good
6		AID	38	74	Good

B. Skill Proficiency: Observations during simulation indicated an increase in the confidence and competence of participants in performing neonatal resuscitation.
C. Feedback from Participants: A survey was conducted to gather participant feedback, with positive responses highlighting the effectiveness of hands-on practice.

6. **Challenges Encountered**
- Some participants had varying levels of prior knowledge, which affected group dynamics during discussions.

7. **Recommendations**
- Future training sessions should consider many days to enhance interaction and practice opportunities.
- Regular refresher courses should be scheduled to maintain skills and knowledge.
- Incorporate more advanced scenarios in simulations to prepare participants for complex cases.

8. **Conclusion**
The neonatal resuscitation training successfully met its objectives, improving the skills and knowledge of participants. Continued education and practice in this critical area are essential for improving outcomes for neonates in emergency situations. The total of 24 health care providers in four (4) health facilities benefited from this training.