



MCAI | Maternal & Childhealth
Advocacy International

Improving maternal & child
healthcare worldwide

Address: 1 Columba Court, Laide,
Achnasheen, Highland,
IV22 2NL, UK
Tel/Fax: +44 (0)1445 781354
Tel: +44 (0)1445 731595
Email: office@mcai.org.uk
Website: www.mcai.org.uk

Curriculum for training in advanced obstetrics for obstetric clinicians beginning in Liberia August 2018-2020

Components:

Foundation program: – To be delivered during the first 2 months of the Training Program in parallel with apprenticeship-based training.

Anatomy and Basic Surgical Skills. **E-library video folder C – Anatomy and physiology and Ultrasound**

1.
 - a. Detailed knowledge of the anatomy of the female pelvis with pregnancy in place and at different stages of pregnancy. Handbook provided by MCAI.
 - b. Structured approach to emergency care (CABCD) including basic and advanced life support skills
 - c. Basic techniques involved in surgery using WHO surgical textbook, RCOG textbook and MCAI textbook
 - Safe suturing with practice ++
 - Sterilisation of instruments
 - Hand-washing and proper use of gowns, gloves and other personal protective equipment
 - Maintenance of labour ward, delivery room and operating theatre
 - Post-operative care
 - Vaginal examination
 - Urethral catheterisation
2. Human Physiology and Physiological Adaptations in Pregnancy
3. Basic ultrasound to be able to date pregnancy and to recognise mal-presentations, placenta praevia, and other possible problems which may make surgery difficult.

Assessment of foundation program by Objective Structured Clinical Examination (OSCE) in obstetric anatomy, ultrasound and basic surgical skills conducted by Master Liberian trainer, Liberian obstetricians and accompanied by an international senior obstetrician.

Advanced Training: – To be delivered by tutorial supplemented apprenticeship-based training over 3 years, months during which the obstetric clinicians will complete the following educational processes:

Assessment Methods and Materials which will form the cornerstone of assessment

- Intervention procedure log-books including results of ultrasound examinations
- Objective Structured clinical examinations (OSCE)
- Tutorial-base assessments and examinations

If the obstetric clinician is successful after this first 24 months of training, he/she will be pre-registered and undertake a further 1 year of internship in a public hospital under supervision of a Liberian trainer.

Contractual agreements regarding work to be undertaken at the end of the 3 years of training. Collection of data in logbooks. Attendance of a one-day course on professional standards and medical ethics. Use of the E Library. High quality communication by WhatsApp, email and telephone

At the end of the 3-year programme and, If successful in written and OSCE, he/she will obtain a 5 year license to practice in public hospitals in Liberia.

Knowledge Base:

The Primary knowledge base for each component of the curriculum is shown below. Note – trainee's will be encouraged to read around the subject and this core knowledge should be supplemented by clinical and self-directed learning.

Components and training forms for completion

Component 1: anatomy, basic obstetric clinician knowledge and skills

E-library video folder C – Anatomy and physiology and Ultrasound

SKILL	Knowledge base	Evidence base (any one or all methods can be used)
Detailed knowledge of the anatomy of the Pelvis	Sections NN and E11 in MCAI handbook	Objective Structured clinical exam (OSCE)
Detailed knowledge of the anatomical changes in pregnancy	Videos:	
Basic Understanding of fetal and placental development and its abnormalities	Ten Teachers 'Obstetrics'	Tutorial assessments
Basic understanding of the concept of teratogenesis		Self-directed Learning (SDL)
Competent surgical knot tying	RCOG manual on suturing and infection control	Objective Structured clinical exam (OSCE)
Competent in the recognition and handling of common surgical instruments	Basic Surgical Skills teaching	Trainer satisfaction
Uses correct surgical handwashing, surgical gown and glove donning technique		
Familiar with sterilisation techniques and able to ensure appropriate instrument sterility		
Behaves in a sterility conscious manner while operating		
Attendance and actions during ward rounds and morning handovers	Apprenticeship skill	Trainer satisfaction

System activities to improve care in pregnancy from new MCAI handbook

Source chapter in MCAI handbook	Contents	Page numbers
C10	Safety guidelines re drug and fluid administration <i>Enteral fluids. Intravenous fluids. Dangers of dextrose/glucose fluids. Sodium containing IV fluids and adding dextrose to them. Maintenance requirement of electrolytes. Prescribing practice and minimizing drug errors, Prescribing, Measuring drug doses. Safe oral and IV delivery,</i>	502 - 510

	<i>Infusions. Intravenous lines. Complications. Reducing errors with IV infusions. Intramuscular injections. Storage of drugs. Calculating the correct dose.</i>	
C1	Comprehensive Emergency Obstetric and Neonatal Care <i>Nine essential signal functions for CEmONC services. Essential Drugs and equipment.</i>	397
C2	Normal values for vital signs and information regarding safe treatment in pregnancy <i>Normal vital signs. Normal heart rates. Normal systolic and diastolic blood pressure. CRT. Urine output, temperature. Circulating blood volume. Values for laboratory measurements. Hematology. Chemistry. Oxygen saturation. Blood gases. Equivalent values for drugs. Measurements of medical supplies. Fluid and electrolyte management. Normal fluid requirements. Rehydration. Biochemical measurements. Requirements for electrolytes. Crystalloid and colloid fluids. Drop factor for IV infusions. Measuring neurological state: AVPU. Hypoglycaemia.</i>	398 - 405
C3	Prevention of hospital infection <i>Introduction. Requirements and procedures, Clean, adequate water supply, Accessible sinks, Cleaning policies, disposal of waste, Laundry, Hand-washing, Disposal of body fluids, sterilization of equipment, disinfection. Preparing high-level disinfectant solutions. Cleaning. Isolation of patients with infections. Infection Control following death of patient.</i>	406 - 413

Component 2: BASIC HUMAN PHYSIOLOGY AND PHYSIOLOGICAL ADAPTATIONS IN PREGNANCY E-library video folder C – Anatomy and physiology and Ultrasound

SKILL	Knowledge base	Evidence base (any one or all methods can be used)
Understands basic human physiology relating to the following:		
The heart and circulation: understanding of how these are affected by shock, haemorrhage and sepsis	Edited knowledge from Churchill's Mastery of Medicine series: 'Physiology – a core text of human physiology' Videos:	Objective Structured Clinical Examination (OSCE)
The lungs and respiration: understanding of oxygenation		
The Kidneys		
The Endocrine system		
The Reproductive system		
Gastrointestinal system		
Understands the physiological changes that occur in pregnancy		

Component 3: The structured approach to managing obstetric emergencies, basic and advanced life support skills and procedures. See E-Library video Folder B – Anaesthesia and emergency care

Source chapter in MCAI handbook	Contents	Page numbers
Inside covers	SBAR	
C4	Triage for managing emergencies in pregnancy: seeing the sickest first <i>Models of decision making. Rapid initial assessment. Triage scale. Clinical signs for immediate resuscitation CABCD. Clinical signs for urgent care. Ensuring triage works well. Special priority signs, haemorrhage, conscious level, pain, Importance of regular reassessment, non-urgent cases.</i>	414 - 419
C5	Safe blood transfusion BT <i>Clinical situations that require BT. Red-cell-free components. Blood donation and provision. Pre-transfusion testing. Blood groups. Bedside transfusion. Blood transfusion for severe anemia. Blood transfusion reactions. Causes of acute complications of transfusions. Acute haemolytic transfusion reaction. Infective shock. Transfusion-related acute lung injury (TRALI). Fluid overload. Non-haemolytic febrile reactions to transfusions of platelets and red cells. Anaphylaxis. Mild allergic reactions. Investigations and management of an acute transfusion reaction. Delayed complications of transfusion. Development of antibodies to red cells in the patient's plasma. Iron overload. Infection. Improving safety. Reducing unnecessary transfusion.</i>	420 - 429
C6	Shock during pregnancy and after birth <i>Diagnostic pointers. Primary assessment. Resuscitation. CABC. Choice of Fluid for volume replacement. Choice of crystalloid. Blood transfusion. Tranexamic acid. Determine cause of bleeding. Coagulation problems WBCT. Septicaemia. Haemorrhage due to pregnancy complications and trauma. Reassess ABC regularly. Inotropes.</i>	430 – 436
C7	Pain control in pregnancy and in labour <i>Local anesthetic drugs by infiltration. Lidocaine. Complications of local anesthesia. Lidocaine toxicity. Systemic drug treatment for pain. WHO step ladder for pain control. Non-opiate analgesics, Paracetamol. Non-steroidal anti-inflammatory drugs. Orally administered drugs. Preparations. Ibuprofen and diclofenac. Intravenous paracetamol. Opiate analgesics, Morphine. Parenteral Morphine. Monitoring during morphine administration. Naloxone. Safe use of morphine in hospital. Special procedures to ensure appropriate use of morphine. Prevention and treatment of nausea due to morphine. Pain control in labour. Nitrous oxide with oxygen and IV paracetamol.</i>	437 - 450

Source chapter in MCAI handbook	Contents	Page numbers
C8	Structured approach to emergency care in pregnancy <i>Introduction. Training. Primary assessment and resuscitation CABCD: control bleeding, airway, breathing, circulation, Disability (neurology). Treating shock. Treating heart failure. Secondary assessment and emergency treatments for CABCD.</i>	451 - 469
C9	Basic and advanced life support skills and cardiopulmonary resuscitation in pregnancy <i>Background. Causes of respiratory and cardiac arrest. Physiological changes that make CPR more difficult. Algorithm for life support. CABCD approach. Control of Hemorrhage. Airway, equipment and skills. Jaw thrust manoeuvre. Breathing, equipment and skills. Oxygen. Self inflating bag and mask ventilation. Rescue breaths. Pulse Oximeter and normal values SaO₂. Longer term respiratory support. Positive pressure ventilation. Circulation, equipment and skills. Lateral tilt and manual uterine displacement. Signs of Life and CPR. Chest compressions and ventilations 15:2. Chest compression only resuscitation. The recovery position. Management of cardiac arrest. Reversible causes of cardiac arrest. The 4Hs. The 4Ts. Non shockable cardiac arrest. asystole/PEA. Shockable cardiac arrest: ventricular fibrillation and ventricular tachycardia. Automatic external defibrillator use. Drugs used, especially adrenaline. Perimortem Caesarean section. When to stop resuscitation.</i>	470 - 501
C11	Transport of ill patients <i>Checklist.</i>	511
Additional sources of teaching material		

COMPONENT 4: basic understanding and abilities to conduct ultrasound [See E-Library video Folder C – Anatomy and physiology and Ultrasound](#)

OBSTETRIC ULTRASOUND ASSESSMENT:		
Skills	Knowledge base	Evidence base (any one or all methods can be used)
U/S dating of pregnancy using the appropriate measurement for gestation Recognition of mal-presentations. Recognition of low lying and placenta praevia and diagnosis of abruption and calcification of the placenta. Diagnosis of intra-abdominal fluid/blood Diagnosis of oligo or poly hydramnios Diagnosis of macrosomia Degree of flexion of fetal head Detection of major congenital abnormalities	1. Trans-abdominal only 2. Introduction to basic US tutorials by trained specialists 3. Ongoing apprenticeship – style supervision 4. Core text: 'Obstetric and Gynaecological Ultrasound made easy'	Log-book entries

Component 5: antenatal and outreach care See [E-library video Folder D – Antenatal care and pregnancy](#)

Source chapter in MCAI handbook	Contents	Page numbers
A1	Antenatal care and the hospital <i>Definitions pregnancy. Size of uterus for different gestations. Antenatal investigations. Immunisation. Anti-malarial prophylaxis. Ultrasound. Antenatal networks</i>	1 - 9
A+1	Severe anaemia with and without heart failure <i>Diagnosis and prevention of anaemia. Treatment of anaemia. Prevention of severe and treatment of severe anaemia. Blood transfusion. Intravenous iron. Heart failure due to severe anaemia.</i>	68 - 72
B16	Sickle cell disease in pregnancy <i>Before pregnancy. Investigations in low resource settings. Medication and vaccination. Antenatal care. Transfusion in women with SCD. Intrapartum care. Changes during the intrapartum period. Postpartum care.</i>	392 - 396
B15	HIV in pregnancy and during and after birth: prevention of mother to child transmission (PTMTC) <i>Introduction WHO guidelines for ART in pregnancy and infant prophylaxis. Women diagnosed with HIV in labour or post-partum. Co-trimoxazole prophylaxis to prevent PCP. Simplified dosing for neonates. HIV-2 infection. Treatment of HIV-2 infection. Management of the delivery. During delivery to reduce MTCT. Postnatal care for HIV exposed infants.</i>	387 - 391
3 rd trimester assessment of viability		
3 rd trimester assessment of presentation		
3 rd trimester assessment of AFI		
3 rd trimester assessment of placental position		
Outreach assessments: using portable ultrasound scanner, BP machine, pulse oximeter, urine protein and infection stick tests, Hb stick tests Previous Caesarean Section Suspected Breech presentation >35/40 Suspected Multiple gestation Suspected Malpresentation Suspected Poly-/oligo-hydramnios Suspected premature rupture of membranes Suspected Intrauterine fetal death Suspected Alcohol/Drug Abuse Suspected Domestic violence		
Immunisation in pregnancy		

SKILL	Knowledge base	Evidence base (any one or all methods can be used)
Ante-natal clinic skills:		
Conducting a first visit	MCAI Handbook see above And WHO 'Integrated Management of Pregnancy and Child-birth: Pregnancy, Child-birth, post-partum and new-born care – a guide for essential practice' – Second edition	Case-based Discussions (CBD) Supervisor-observed experience (SOE)
Conducting follow up visits and decisions on appropriate visit schedule		
Arrange appropriate routine investigations		
Arrange appropriate routine pregnancy preventative measures		
Refer appropriately for pre-test counselling for HIV testing		
Arrange appropriate management of HIV positive patients		
Prevention and management of anaemia	MCAI Handbook see above	CBD, SOE, Log-book
3 rd trimester assessment of viability		
3 rd trimester assessment of presentation		
3 rd trimester assessment of AFI		
3 rd trimester assessment of placental position		
Management of the following antenatal complications:		
Previous Caesarean Section	MCAI handbook	CBD, SOE, Log-book entries
Suspected Breech presentation >35/40	MCAI handbook	
Suspected Multiple gestation	MCAI handbook	
Suspected Mal presentation	MCAI handbook	
Suspected Poly-/oligo-hydramnios	MCAI handbook	
Suspected PPRM	MCAI handbook	
Suspected intrauterine fetal death	MCAI handbook	

Suspected Alcohol/Drug Abuse		
Suspected Domestic violence	MCAI handbook	
Previous FGM/FGC	MCAI handbook	
Prevent and manage the following infections in pregnancy:		
Malaria	MCAI handbook B9	CBD, SOE, Tutorial-based assessment where needed
Syphilis	MCAI handbook B13	
Tuberculosis	MCAI handbook B10	
Intestinal helminth infection	MCAI handbook NN	
Varicella Zoster infection	MCAI handbook B12	
HIV	MCAI handbook B15	
Tetanus	MCAI Textbook sections	
Delivery Planning:		
Discuss and plan appropriate place and timing of delivery	Specialist supervisor led clinical teaching	CBD, SOE
The role of waiting homes		
Post-delivery family planning		
Management and leadership		
Conducts regular ante-natal ward rounds	Specialist supervisor led clinical teaching	Direct Supervisor Assessment and feed-back from multi-disciplinary team
Communicates patient management plans to ward team in an effective manner		
Oversees patient management plans and ensures appropriate quality of care		
Conducts obstetric outreach with qualified obstetric clinicians		

Component 6: organisation and management of the labour ward [E-Library video](#)
Folder G – Labour and delivery

SKILL	Knowledge base	Evidence base (any one or all methods can be used)
Communication and leadership		
Communicates well with labour ward staff	Specialist supervisor led clinical teaching	Supervisor assessment and multidisciplinary feed-back
Conduct regular labour ward rounds	Emergency skills drills teaching	
Ensure hand-over meetings are undertaken at each staff change	'SBAR' handover teaching See MCAI handbook.	
Prioritise labour ward problems		
Able to lead and supervise labour ward team in routine labour ward tasks		
Able to lead labour ward team in the management of acute emergencies		
Able to liaise appropriately with other members of the medical team		
Organisation and system improvement		
Understands the importance of organisational systems in care delivery	Specialist supervisor led clinical teaching	Assessment of Trainee's involvement in maintaining, improving and introducing new organisational systems to enhance care delivery
Participates in the maintenance of existing organisational systems		
Involved in the improvement/development of existing systems		
Understands the importance of inter-departmental coordination and cooperation		
Teaching and quality improvement		
Oversees and takes part in regular staff hand-over of patient care	Specialist supervisor led clinical teaching	Supervisor assessment and multidisciplinary feed-back
Takes part in the root-cause-analysis of maternal deaths within the department	WHO Patient safety work-shop: 'Learning from Error'	Evidence of involvement in root cause analysis of maternal death
Involved in the development and implementation of maternity guidelines	'WHO hand-book for guideline development'	

Involved in the dissemination and teaching of maternity guidelines to other maternity staff		Evidence of guideline development and dissemination
Assists actively in departmental audits and monitoring of departmental outcomes		Evidence of involvement in audit
Assists in the delivery of educational emergency drills	Specialist supervisor led clinical teaching	Evidence of involvement in midwifery teaching and emergency drills
Assists in the education of midwifery and nursing staff		

Component 7: Advanced obstetric care in the hospital including the management of labour and delivery [E-Library video Folder G – Labour and delivery](#)

Source chapter in MCAI handbook	Contents	Page numbers
C1	Comprehensive Emergency Obstetric and Neonatal Care <i>Nine essential signal functions for CEmONC services. Essential Drugs and equipment.</i>	397
A2	Advanced obstetric care in the hospital and the WHO safe childbirth checklist <i>Definition maternal death. WHO surgical checklist. WHO safe childbirth checklist. Respectful and compassionate care. Critical incident audit, and action plans.</i>	10 - 21
A3	Managing labour and delivery: including WHO partograph. <i>Positions. Anatomy. Stages labour. Components of the partograph. Bishop's score. Assessing progress. Second stage and delivery. Active management. Safe use of oxytocin. Controlled cord traction. Third stage. Checking the placenta. Checking for tears.</i>	22 - 50
A4	Induction and augmentation of labour <i>Prolonged pregnancy. Stretching cervix and sweeping membranes. Foley catheter cervical dilatation. Artificial rupture of membranes (ARM). Safe use of oxytocin to induce or augment labour. Main indications for oxytocin. Contraindications oxytocin. Main precautions oxytocin. Misoprostol in third trimester. Induction where IUFD.</i>	51 - 63
A5	Post-delivery and post discharge care for mothers and babies <i>After uncomplicated deliveries. Postnatal care visits. Outreach. Routine postnatal care. Danger signs for mothers and babies.</i>	64 - 67

Component 8: clinical management of problems with labour and delivery E-Library video Folder G – Labour and delivery, E-Library video Folder K – Shoulder dystocia; E-Library video Folder J – Procedures, E-Library video Folder H – Massive Obstetric haemorrhage; E-Library video Folder I – Pre-eclampsia and eclampsia; E-Library video Folder F – Caesarean Section; E-Library video Folder E – Breech

SKILL	Knowledge base	Evidence base (any one or all methods can be used)
Management of delays in labour		
Supervise the diagnosis of labour onset and the initiation of appropriate monitoring	MCAI handbook–section A.3	SOE, CBD
Use the partogram effectively and supervise its use for labour monitoring		
Recognise delay in the latent phase of labour, assess for cause and manage	MCAI handbook –sections A3 and A4	
Recognise delay in the 1 st stage of labour, assess for cause and manage		
Recognise delay in the 2 nd stage, assess for cause and manage		
Makes appropriate decision to induce labour and supervises process	MCAI handbook –section A3	
Makes appropriate decision to augment labour and supervises process		
Fetal monitoring		
Can initiate and supervise appropriate fetal monitoring in each stage of labour	MCAI handbook –section A+19	SOE. CBD, Tutorial-based assessment where required
Can interpret fetal monitoring in each stage of labour		
Can undertake remedial measures if suspected fetal distress		
Can make an appropriate decision for operative intervention for fetal distress		
Management of labour and delivery and their complications		
Conduct a normal delivery	MCAI handbook –section A3	Log-book
Prolonged rupture of membranes at term	MCAI handbook section A+2	SOE, CBD
Fetal death	MCAI handbook –section A+18	

SKILL	Knowledge base	Evidence base (any one or all methods can be used)
Management of labour and delivery and their complications (continued)		
Previous Uterine incision/rupture	RCOG Green-top guideline No.45 MCAI Handbook-sections A+4 , E6 and E11	
Intrauterine infection	MCAI handbook –section A+7, and A+14 and A+24	
Cord Prolapse	MCAI hand-book –section A+25	Log-book completion and analysis
Preterm labour and delivery	MCAI handbook –section A+24	SOE
Transverse lie	MCAI hand-book –section A+22	CBD
Breech presentation, external cephalic version and vaginal breech delivery	MCAI hand-book -section A+23	
Multiple gestation and twin delivery	MCAI handbook –section A+21	
Antepartum haemorrhage	MCAI handbook –section A+9 and A+10	
Uterine rupture	MCAI handbook –sections A+4 , E6 and E11	
Instrumental Delivery: ventouse (vacuum) and forceps	MCAI handbook –sections E3 and E4	
Shoulder Dystocia	MCAI handbook –section 2.5, Pg 217 - 218	
Appropriate use of Episiotomy	MCAI handbook –section E7	
Repair of Episiotomy and 1 st /2 nd degree tears	MCAI handbook – section E7 and E8	
Repair of Cervical tears and manual assessment of uterus for haemorrhage	MCAI handbook- Section A+12	
Retained placenta and manual removal of placenta	MCAI handbook –section A+11	

SKILL

MCAI

Maternal & Childhealth
Advocacy International

	Knowledge base	Evidence base (any one or all methods can be used)
Primary Caesarean Section	Specialist supervisor led surgical teaching	Log-book Supervisor assessment and multidisciplinary feed-back
Repeat Caesarean Section	MCAI handbook –sections E5 and E6	
Caesarean section at full dilatation		
Caesarean section for placenta praevia	MCAI handbook A+9, A+10 and E11	
Caesarean section <32/40		
Surgical management of uterine rupture including repair when possible		
Caesarean section for transverse/oblique lie		
Emergency obstetric hysterectomy	MCAI handbook section E11	
Resuscitation of the neonate	MCAI handbook –section A+20	
Takes consent for operative procedures – verbal/written as appropriate	Specialist supervisor led clinical teaching	
Documents delivery events and surgical procedures		
Secondary Post- partum haemorrhage	MCAI handbook – section A+11	
Uterine Inversion	MCAI handbook –section A+26	
Appropriate prophylaxis for post-partum haemorrhage	MCAI handbook –section A3	
Primary Post-partum haemorrhage	MCAI handbook – section A+11 and A+12	

Component 9: Major obstetric complications see E-Library video Folder K – Shoulder dystocia; E-Library video Folder H – Massive Obstetric haemorrhage; E-Library video Folder E – Breech

Source chapter in MCAI handbook	Contents	Page numbers
A+1	Severe anaemia with and without heart failure <i>Diagnosis and prevention of anaemia. Treatment of anaemia. Prevention of severe and treatment of severe anaemia. Blood transfusion. Intravenous iron. Heart failure due to severe anaemia.</i>	68 - 72
A+2	Pre-labour ruptured membranes at term PROM <i>Definitions. Initial assessment. Advice. Infection risk. Management without risk factors. Expected management PROM. Management of the newborn baby.</i>	73 - 75
A+3	Prolonged and obstructed labour <i>Recognition. The 3 Ps. Prevention. Risks. Main causes slow progress of labour. Diagnosis of unsatisfactory progress. Partographs during delay from different causes. Inadequate contractions and management. Malpositions and malpresentations. Obstruction. Emergency treatment of obstructed labour. Fistulae.</i>	76 - 87
A+4	Ruptured uterus <i>Causes. Risk Factors. Symptoms and signs. Resuscitation.</i>	88 - 91
A+5	Shoulder dystocia <i>Mechanism. Risk Factors. Management. HELPERR. Buttocks edge of bed. McRoberts manoeuvre. Suprapubic pressure. Posterior arm. Rubins Manoeuvre. Woods screw manoeuvres. All-fours position. Neonatal resuscitation. Symphysiotomy. Zavanelli. Destructive procedure if fetus is dead. PPH.</i>	92 - 98
A+6	Ruptured ectopic pregnancy <i>Causes. Sites of implantation. History. Symptoms and signs. Diagnosis. Ultrasound examination. Abdominal paracentesis. Resuscitation. Auto-transfusion. Haemafuse. Salpingectomy. Family Planning.</i>	99 - 105
A+7	Miscarriage and abortion <i>Spontaneous miscarriage. Threatened miscarriage. Inevitable miscarriage. Incomplete miscarriage. Management of miscarriage, Expectant, Surgical. MVA. Late miscarriage. Expectant</i>	106 - 116

Source chapter in MCAI handbook	Contents	Page numbers
	<i>management. Surgical management. Evacuation of retained products. Follow up. Uterine perforation. Abortion. Septic abortion. Resuscitation.</i>	
A+8	Molar pregnancy <i>Symptoms and signs. Diagnosis. Management.</i>	117 - 119
A+9	Antepartum Haemorrhage APH <i>Causes of bleeding. Diagnosis. Resuscitation and management. CABC. Lateral tilt and manual displacement. Blood transfusion. Whole Blood Clotting Time (WBCT). Placenta Praevia. Low lying placenta. Placental abruption. Revealed and concealed haemorrhage. Preterm abruption. IUFD. PPH. Prognosis. Ruptured uterus. Vasa praevia. Coagulation defects. Cervical or vaginal lesions.</i>	120 - 140
A+10	Abnormally invasive placenta: accreta, increta and percreta <i>Placenta accreta. Placenta Increta. Placenta Percreta. Diagnosis. Treatment. Obstetric Hysterectomy.</i>	141 - 143
A+11	Post-partum haemorrhage PPH <i>Emergency management. Signs of blood loss. Risk Factors. Prevention. Massage for atony. Third stage labour management. Resuscitation. CABC. Uterotonic drugs. Shock management. Bimanual compressions. Condom catheter. PPH box. PPH after Caesarean section. Fluid resuscitation, DIC and coagulation defects. Tranexamic Acid. Anti-shock garment. Retained placenta. Causes. Manual removal of placenta. Risks in health service and community. Management of secondary PPH.</i> <i>Stabilisation, digital exploration and MVA/D and C.</i>	144 - 168
A+12	Managing PPH due to cervical trauma <i>Causes of cervical tears. Diagnosis. Management. Repair.</i>	169 - 171
A+14	Severe infection after birth: puerperal sepsis <i>Symptoms and signs. Diagnosis and treatment. Endometritis. Risk factors. Pathogenesis. Prevention. Complications. Treatment. Wound infections. Peritonitis. Pelvic abscess. Culdocentesis. Mastitis, treatment, prevention. Repeated mastitis.</i>	199 - 209

Source chapter in MCAI handbook	Contents	Page numbers
A+15	Deep vein thrombosis and pulmonary embolism <i>Introduction. Risk Factors. Deep vein thrombosis. Management of DVT. LMWH treatment. Pulmonary embolus, symptoms and signs. Massive pulmonary embolism.</i>	210 - 212
A+16	Amniotic fluid embolism <i>Introduction. Clinical presentation. Diagnosis. Differential diagnosis. Cardio/respiratory. Sepsis, Obstetric causes, abnormal consequences of treatment. Management. Outcome.</i>	213- 215
A+17	Ovarian cysts and pregnancy <i>In pregnancy. Asymptomatic ovarian cysts. Torsion. Malignancy.</i>	216
A+18	Reduced fetal movements and fetal death (stillbirth) <i>Diagnosis. IUFD. Expectant management. Active management. Oxytocin. Misoprostol. Previous Caesarean section. Stillbirth, introduction, definitions, causes, prevention.</i>	217 - 224
A+19	Fetal distress during labour <i>Introduction. Pinard's stethoscope. Doppler ultrasound fetal monitor. Normal fetal heart rate. Abnormalities of Fetal heart rate. Cardiotocograph. Fetal scalp PH assessment. Clinical assessment of fetal well-being, history, examination of abdomen. Management. Of fetal distress</i>	225 - 231
A+21	Multiple births <i>Introduction. Maternal and fetal risks. Presentation. Antenatal monitoring. Definitions. Management of pregnancy and delivery. First and second stages of labour. Vaginal delivery first and second twins. Delivery where external version has failed and internal podalic version is needed. Management after birth to prevent PPH. Hooking of heads. Pathway of care for delivery.</i>	250 - 256
A+22	Malpositions and malpresentations <i>Introduction. Management. Assessment of fetal position and presentation. Diagnosis of normal positions, malpositions, malpresentations. Occiput posterior and occiput transverse malpositions. Brow, face, compound, transverse/ shoulder, breech. Descent. Management of malpositions. Manual rotation. Delivery of malpresentations.</i>	257 - 270

Source chapter in MCAI handbook	Contents	Page numbers
A+23	Breech malpresentation including external cephalic version and arrest of the aftercoming head <i>Background. Hazards. Reducing problems. Fetal complications. External cephalic version. Trial of vaginal breech delivery, contraindications, procedure. Lovset manoeuvre. Elective caesarean section. Failure of head to deliver. Mauriceau-Smellie-Veit manoeuvre. McRobert's. Suprapubic pressure. All 4's position. Forceps. Symphysiotomy. Emergency CS. IUFD and destructive procedure.</i>	271 - 280
A+24	Preterm pre-labour rupture of membranes and preterm labour PPROM. Preterm labour. <i>Clinical findings. Management of PPRM. Vital signs. Ultrasound. When to consider antibiotics. Dangerous signs for infection. Asymptomatic infection. When to induce labour. Preterm labour, recommendations, diagnosis, fetal monitoring, mode of birth, timing of cord clamping. Antibiotic treatment, stopping premature labour. Clinical problems in the neonate following preterm birth.</i>	281 - 287
A+25	Prolapsed umbilical cord <i>Predisposing risk factors. Knee elbow position. Sim's position. Management of fetus if alive. Assessment of fetal viability. Management when fetus is alive; relieve pressure on cord, bladder inflation, emergency CS or vaginal delivery Neonatal clinician at delivery. Management where fetus is dead. Pathway of care for prolapsed cord.</i>	288 - 291
A+26	Inverted uterus <i>Prevention. Symptoms and signs. Diagnosis. Management. Manual replacement. Hydrostatic correction. Manual correction under general anesthesia. CABC resuscitation. Possible hysterectomy. Post procedure care. Pathway of care.</i>	292 - 296
A+27	Hyperemesis <i>Introduction. Associated conditions. Consequences. Investigations. Treatment. Wernicke-Korsakoff syndrome and its treatment. Management on discharge from hospital.</i>	297 - 299
A+28	Mental health problems in pregnancy and after birth <i>Risk factors. Antepartum mental health disorders. Postpartum mental health disorders. Importance of diagnosis. Mild temporary depression. Postnatal depression: mild, moderate and severe. Role of antidepressant drugs. Puerperal psychosis. Anti-psychotic drugs</i>	300 - 311

Source chapter in MCAI handbook	Contents	Page numbers
	<i>by injection. Oral anti-psychotic medication. Risk of recurrence of severe depression or puerperal psychosis in a subsequent pregnancy. Using the Edinburgh Postnatal Depression scale.</i>	
A+29	Female Genital Cutting/Mutilation <i>Introduction. Types of FGC. Implications and short and longterm complications. Management during pregnancy, in labour and postnatal period. Safeguarding children at risk. The situation in Liberia. Appropriate care. Conclusion.</i>	312 - 318
A+30	Domestic/intimate partner violence <i>Introduction. Recognising. Diagnosing. Protection. PSEA (UNICEF Preventing Sexual Exploitation and Abuse).</i>	319 - 321

Component 10: medical disorders affecting pregnancy **E-Library video Folder I –**
Pre-eclampsia and eclampsia

Source chapter in MCAI handbook	Contents	Page numbers
A+13	Hypertension, pre-eclampsia and eclampsia <i>Introduction. Measuring blood pressure. Pre-eclampsia. Gestational hypertension. Chronic hypertension. Pre-eclampsia risk factors. Investigations. Management. Oral antihypertensive drug treatment. Treatment of severe hypertension. Eclampsia and severe pre-eclampsia. Differential diagnosis of convulsions. Pathway of care for eclampsia. Severe pre-eclampsia, Complications, Management. Eclampsia management. Magnesium sulphate, magnesium toxicity. Complications of severe pre-eclampsia or eclampsia. Fluid in wrong body compartment. Pulmonary Oedema. Neurological complications: stroke. Haematological complications. Hepatic complications. Fetal problems. HELLP syndrome. Delivery of the baby. Vaginal vs caesarean section. Management after delivery. Eclampsia Box</i>	172 - 198

Source chapter in MCAI handbook	Contents	Page numbers
B1	Heart failure during pregnancy <i>Causes. Investigation. Diagnosis. Management where pulmonary oedema or shock. Treatment. Management in labour. Caesarean section management.</i>	322 -325
B2	Severe asthma in pregnancy <i>Background and Management during pregnancy. Features of severe and of life-threatening asthma. Emergency treatment. Deterioration. Oxygen, salbutamol, magnesium sulphate, steroids.</i>	326 - 329
B3	Anaphylaxis in pregnancy <i>Clinical features. Treatment. Adrenaline, salbutamol and shock treatment.</i>	330 - 331
B4	Diabetes and diabetic ketoacidosis <i>Introduction. Management, before pregnancy, in early pregnancy, during pregnancy. Type 1 diabetes. Type 2 Diabetes. Gestational diabetes. Diagnosis. Management of delivery. Insulin requirements. Diabetic</i>	332 - 341

Source chapter in MCAI handbook	Contents	Page numbers
	<i>Ketoacidosis Diagnosis. Resuscitation. Emergency treatment. Dehydration. Insulin. Potassium. Bicarbonate. General management. Cerebral oedema. Pathway of care.</i>	
B5	Reduced conscious level and coma in pregnancy <i>RICP. Clinical signs. Resuscitation. Recovery position. Neurological failure. Pupillary changes. Emergency treatment. Diagnosis. Other issues regarding management of coma. Meningitis or encephalitis. Poisoning, malaria and eclampsia. Pathway of care in coma.</i>	342 - 347
B6	Pneumonia <i>Clinical findings. Emergency treatment. Tapping the chest for diagnostic tests in pleural effusions or empyema.</i>	348 - 349
B7	Severe dehydration and gastroenteritis <i>Classification of dehydration: none, some and severe. Emergency treatment of severe dehydration. Calculating oral and IV fluid requirements. Severe acute gastroenteritis. Over-hydration, Management. Pathway of care gastroenteritis with severe dehydration of 10% or more.</i>	350 - 355
B8	Severe malaria <i>Symptoms and signs. Immediate measures in hospital. Drug treatment. IV/IM artesunate. IM artemether. Rectal artesunate. Quinine. Follow-on Treatment. Additional measures. Continuing hospital care. Management of life-threatening complications, Severe anaemia. Hypoglycaemia. Fluid balance problems. Acute renal failure. Convulsions. Respiratory distress. Metabolic acidosis. Pulmonary oedema. Shock. Abnormal bleeding.</i>	356 - 367
B9	Appendicitis in pregnancy <i>Introduction. Clinical management. Peritonitis.</i>	368 - 369
B10	Tuberculosis in pregnancy <i>Introduction. Clinical findings. Diagnosis. Anti-tuberculous treatment. Breastfeeding and TB. Treatment of latent TB infection. Perinatal TB. Directly observed treatment.</i>	370 - 373
B11	Cystitis and pyelonephritis	374 - 375

Source chapter in MCAI handbook	Contents	Page numbers
	<i>Acute cystitis. Diagnosis. Treatment with antibiotics. Acute pyelonephritis; diagnosis and treatment.</i>	
B12	Varicella zoster and pregnancy <i>Introduction. Congenital Varicella syndrome. Varicella pneumonia. Perinatal infection. Management. Chickenpox. Prevention of neonatal chickenpox. Infant in contact with chickenpox. Doses of VZIG and acyclovir, in pregnancy and in the neonate.</i>	376 - 378
B13	Congenital syphilis <i>Introduction. Investigation. Treatment.</i>	379 - 380
B14	Lassa fever and Ebola <i>Introduction to viral haemorrhagic fevers. Lassa fever: distribution, host, transmission. Prevalence. Clinical features. Diagnosis of Lassa Fever. Management. Prevention and control. Ebola Virus Disease. Distribution. Host. Transmission. Clinical features. Diagnosis. Notification. Management.</i>	381 - 386
B15	HIV in pregnancy and during and after birth: prevention of mother to child transmission (PTMTC) <i>Introduction WHO guidelines for ART in pregnancy and infant prophylaxis. Women diagnosed with HIV in labour or post-partum. Co-trimoxazole prophylaxis to prevent PCP. Simplified dosing for neonates. HIV-2 infection. Treatment of HIV-2 infection. Management of the delivery. During delivery to reduce MTCT. Postnatal care for HIV exposed infants.</i>	387 - 391
B16	Sickle cell disease in pregnancy <i>Before pregnancy. Investigations in low resource settings. Medication and vaccination. Antenatal care. Transfusion in women with SCD. Intrapartum care. Changes during the intrapartum period. Postpartum care.</i>	392 - 396

Component 11: management of early pregnancy E-library video Folder D – Antenatal care and pregnancy;

SKILL	Knowledge base	Evidence base (any one or all methods can be used)
ULTRASOUND ASSESSMENT IN THE 1 ST TRIMESTER:		
Number of fetuses	1. Trans abdominal only 2. Introduction to basic U/S tutorials by trained specialists 3. Ongoing apprenticeship – style supervision Core text: 'Obstetric and Gynaecological Ultrasound made easy'	Log-book
Viability		
Measurement of CRL		
Confirm inter-uterine site of pregnancy		
Assess for haemo-peritoneum		
Assess for retained tissue/clots		
Management of miscarriage // abortion		
Confirm diagnosis	MCAI handbook – section A+7	CBC, SOE, log-book
Determine if induced/spontaneous in sensitive, confidential and discreet manner		
Assess for evidence of infection, perforation, foreign body or poisoning		
Surgical management of uncomplicated 1 st trimester abortion including PID prophylaxis		
MANAGEMENT OF SUSPECTED ECTOPIC PREGNANCY		
Suspect diagnosis appropriately on basis of clinical and ultrasound findings	MCAI handbook – section A+6 Specialist supervisor led surgical teaching	CBD, SOE, U/S Log-book
Manage initial resuscitation and liaise appropriately with surgical team		
Perform open salpingectomy for ectopic pregnancy		
MANAGEMENT OF TROPHOBLASTIC DISEASE		

Suspect diagnosis and liaise with team regarding management	RCOG Green-top guideline number 38 MCAI handbook section A+8	CBD, SOE
---	---	-----------------

Source chapter in MCAI handbook	Contents	Page numbers
A+6	Ruptured ectopic pregnancy <i>Causes. Sites of implantation. History. Symptoms and signs. Diagnosis. Ultrasound examination. Abdominal paracentesis. Resuscitation. Auto-transfusion. Hemafuse. Salpingectomy. Family Planning.</i>	99 - 105
A+7	Miscarriage and abortion <i>Spontaneous miscarriage. Threatened miscarriage. Inevitable miscarriage. Incomplete miscarriage. Management of miscarriage, Expectant, Surgical. MVA. Late miscarriage. Expectant management. Surgical management. Evacuation of retained products. Follow up. Uterine perforation. Abortion. Septic abortion. Resuscitation.</i>	106 - 116
A+8	Molar pregnancy <i>Symptoms and signs. Diagnosis. Management.</i>	117 - 119

Component 12: post-partum management (including post-operative care)

SKILL	Knowledge base	Evidence base (any one or all methods can be used)
RECOGNISE AND MANAGE THE FOLLOWING POST-PARTUM PROBLEMS – In addition to the sources below trainee's should be familiar with the 'WHO's handbook on recommendations on postnatal care of the mother and New-born'		
Secondary post-partum haemorrhage	MCAI handbook – section A+11	CBD, SOE
Bladder dysfunction	Specialist supervisor led clinical teaching MCAI handbook section E11	
Obstetric fistula	WHO – 'Obstetric Fistula – guiding principles for clinical management and program development' – sections 1 and 3 MCAI handbook sections A+3,	Tutorial based assessment
Puerperal sepsis, pelvic abscess and perineal infection	MCAI handbook – section A+14	
Mastitis	MCAI handbook – section A+14	CBD, SOE
Maternal depression and puerperal psychosis	MCAI handbook – section A+28	Tutorial based assessment
Caesarean section including post operative care	MCAI handbook- section E5	CBD, SOE
Anaesthetic complications	MCAI textbook – section 1.24	Tutorial based assessment
Anaemia	MCAI handbook – sections A+1 and C5	CBD, SOE
ABLE TO COUNSEL AND ADVISE ON THE FOLLOWING:		
Post-partum family planning including tubal ligation and vasectomy	RCOG FRH: 'Postnatal sexual and reproductive health' guidance 2009	CBD, SOE, Log-book
Breast-feeding	WHO – 'Pregnancy, Child-birth, Peripartum and Neonatal care' – section K	SOE
Neonatal health	MCAI handbook on advanced neonatal care plus videos	

Complications of delivery/surgery	Specialist supervisor led clinical teaching	Supervisor assessment and multi-disciplinary feed-back
Future pregnancy and delivery management	Specialist supervisor led clinical teaching	
MONITOR AND MANAGE THE FOLLOWING POST-OPERATIVE AREAS		
Fluid balance and nutrition	MCAI handbook – section C10	SOE, CBD, log-book,
Vital signs with understanding of normal parameters and warning signs	MCAI handbook – section C2 and C10	
Wound care	MCAI handbook – section	
Post-operative Infection	MCAI handbook – section E6	
Analgesia	MCAI handbook – section C7	SOE.

Component 13: Basic obstetric ultrasonography

Ultrasonography has become an indispensable tool in the practice of obstetrics. With it, many complications can be detected early and appropriate actions taken. It was therefore prudent to give the trainees hands-on skills in the use of ultrasound scans. The usefulness of this added skill has not only been proven at the bedside, including during labour and delivery, but also during community outreaches sponsored by MCAI, during which clinicians have been able to detect complications such as placenta previa, intrauterine fetal death, malpresentation, among others. These discoveries have facilitated timely referral pregnant women with such life-threatening conditions.

Below are some of what the obstetric clinicians can do with the sonogram.

Diagnosing Early pregnancy and abnormalities, identifying:

1. yolk sac,
2. fetal heart activities,
3. fetal pole,
4. an-embryonic gestation,
5. missed abortion,
6. incomplete and complete miscarriage,
7. extra-uterine gestation

Fetal Biometrics

1. Gestational sac diameter
 2. Crown rump length
 3. Bi-parietal diameter
 4. Head circumference
 5. Abdominal circumference
 6. Femur length
 7. Fetal presentation: cephalic, breech, transverse lie
 8. Amniotic fluid index: polyhydramnios, oligohydramnios, anhydramnios
 9. Fetal heart rate measurements relative to fetal distress
 10. Head flexion status during vaginal breech delivery
 11. Twin gestation, discordance, chorionicity
 12. Safe management of vaginal and Caesarean twin delivery
 13. Diagnosing intrauterine growth restriction and intrauterine fetal death
 14. Placental location and diagnosing or excluding placenta praevia
 15. Grading placental maturity
 16. Biophysical profile/ modified biophysical profile
 17. Detecting basic fetal anomaly
-

14 ethics and professional standards

[See Medical Ethics Course on E Library](#)

SKILL	Knowledge base	Evidence base (any one or all methods can be used)
Communicates politely and honestly with patients and staff: respectful obstetric care	MCAI handbook – section A2 Videos:	Supervisor and multidisciplinary feed-back Reflective Practice
Takes appropriate consent	MCAI handbook – section A2, E5	Supervisor and multidisciplinary feed-back
Reflects on personnel management and potential areas of improvement	MCAI handbook – section A2	Reflective Practice

Component 15: laboratory and blood transfusion

SKILL	DIRECT SUPERVISION	INDEPENDENT PRACTICE
Understands the importance of these supportive services to Obstetric care	MCAI handbook – section C1, C2, C5	Evidence of Involvement in maintaining/developing communication systems between the maternity unit and transfusion/laboratory services
Assists in the development/maintenance of effective communication systems between departments	Specialist supervisor led systems teaching	
Monitors the availability of blood (especially fresh donor blood) on a daily basis	Specialist supervisor led systems teaching C5	Supervisor and multi-disciplinary team assessment
Advocates for blood donation amongst relatives, visitors and staff	Specialist supervisor led systems teaching	

Component 16: understanding the basics of anaesthesia during pregnancy and delivery

[E-Library video Folder B – Anaesthesia and emergency care](#)

SKILL	Knowledge base
Knows what the nurse anaesthetist is doing and why	MCAI textbook – section 1.24

Component 17: being fully capable of undertaking neonatal resuscitation

[E-Library video folder L Neonatal Resuscitation](#)

SKILL	DIRECT SUPERVISION	INDEPENDENT PRACTICE
Understands the importance of this essential component of obstetric care	MCAI handbook – section A+20 MCAI handbook of neonatal emergency care Specialist supervisor led systems teaching	SOE, CBD, logbook, reflective practice
Anticipates the need for skilled persons who can undertake neonatal resuscitation to be present during delivery		
Is capable of undertaking all levels of neonatal resuscitation		
Participates in the teaching of neonatal resuscitation to all midwives in the maternity unit	Instructs on a 1-day course in neonatal resuscitation	

Source chapter in MCAI handbook	Contents	Page numbers
A+20	Resuscitation of the newborn infant at birth <i>Issues. Respiratory changes at birth in the newborn. Need for resuscitation. Sequence of actions. Airway. Tracheal obstruction. Breathing, Bag and mask. Checking progress with resuscitation. Correct application bag and mask. Mouth to mouth and nose. Preterm resuscitation. Orogastric aspiration of air. Circulation, chest compressions. Drugs used in neonatal resuscitation; adrenaline. Acute blood loss. Poor response to resuscitation. Stopping resuscitation. Documentation.</i>	232- 249

LOG BOOK TEMPLATE

MIDWIFE'S NAME:		SUPERVISOR'S NAME:		DATE OF PROCEDURE:
PATIENT'S NAME:		DATE OF BIRTH OR AGE:		HOSPITAL:
REASON FOR INTERVENTION:			AT TIME OF ONSET OF INTERVENTION: Pulse rate: Respiratory rate: BP: Temp: WAS SHOCK PRESENT?	
INTERVENTION:			ANY COMPLICATIONS IN FIRST 4 HOURS	
DESCRIBE INTERVENTION INCLUDING ANY PROCEDURES AND DRUGS USED			ANY LATE COMPLICATIONS > 4 HOURS	
DURATION PROCEDURE	WAS BLOOD TRANSFUSION NEEDED AND AVAILABLE?		ANY POST-OP INFECTION IF YES DESCRIBE	
WAS ANAESTHETIC GIVEN AND IF YES WHAT TYPE ?			NAME OF ANAESTHETIST	
ANY ANAESTHETIC COMPLICATIONS? IF YES DESCRIBE			IF BABY WAS DELIVERED, WAS BABY ALIVE?	
DESCRIBE ANY UNEXPECTED PROBLEMS WITH OBSTETRIC INTERVENTION? ANY EQUIPMENT PROBLEMS?			DESCRIBE STATE OF BABY AT BIRTH Breathing? Normal or gasping Heart rate > 100 or < 100	
			WAS NEONATAL RESUSCITATION NEEDED?	
IF BABY WAS RESUSCITATED DESCRIBE WHAT WAS DONE Bag and mask? Chest compressions/ Drugs?				
DID WOMAN/GIRL SURVIVE?			DID BABY SURVIVE?	
SIGNATURE OF MIDWIFE			SIGNATURE OF SUPERVISOR	

**LOG BOOK FOR ADVANCED EMERGENCY
OBSTETRICS BY
MIDWIVES**

Level of supervision: circle appropriate level **Assistant Direct Indirect**
Independent

E-Library video folders

Folder A – Advocacy

- 4. Christina birth asphyxia neonatal video with subtitles QT.mp4
- 5. Ariza and patients Zwerdu shock pregnancy with subtitles QT.mp4
- 17. Audit of Obstetric cases 1 West Midlands Health Authority
- 18. Audit of obstetric cases 2 West Midlands Health Authority
- 32. Dead mums don't cry. BBC Panaroma
- 38. Ending Preventable Stillbirths The Lancet
- 66. Midwives take up the scalpel to save lives Zoomin Tv.mp4
- 68. One girl. Two Lives.mp4
- 77. Saving mothers' Lives – An NASG Training Video
- 105. Heroines of Health _A Documentary.mp4
- 106. 'You have the power' – Enough Project.mp4
- 109. Teenage pregnancy poster film
- 112. Zipline drones airdrop medical supplies to African Villages.mp4
- 113. Imagine Healthworker Retention.mp4
- 114. Morphine lack of in Africa Channel 4
- 116. Saving Mother's lives. Imperial College
- 118. Stop Violence before it starts Mantra Ray Media
- 119. Mental Health Gap Action Program (Uganda Pilot 2012-2016) WHO MOH Uganda
- 120. My sister myself British Council

E-Library video Folder B – Anaesthesia and emergency care

- 16. Are you alright look listen feel pregnancy MCAI ALSG
- 57. Jaw thrust pregnancy MCAI ALSG
- 59. Landmarks chest drain insertion in pregnancy MCAI ALSG
- 60. Major trauma manikin MCAI ALSG
- 84. Spinal Anaesthesia MCAI ALSG
- 107. Safe Anaesthesia Diamedica.mp4

Folder C – Anatomy and physiology and Ultrasound

- 2. Resp physiology Ventilation.mp4
- 3. Blood Gas Transport.mp4
- 10. Pelvic Anatomy RCOG.ppt
- 13. Anatomy and Physiology of Female Reproductive System.mp4
- 14. Anatomy review – for OB GYN rotation
- 44. Food for Life What Pregnant Women need to eat MAF
- 53. How to use the ultrasound probe MAF
- 91. Understanding your period.mp4
- 103. The Basic Steps of an Obstetric Ultrasound Examination.mp4
- 104. The principles of Ultrasound Imaging.mp4
- 108. Signs of exaggerated reflexes and ankle clonus indicating upper motor neurone lesions

E-library video Folder D – Antenatal care and pregnancy

- 43. Focused Antenatal Care (FANC) MAF
- 50. How to plan a pregnancy MAF
- 97. Warning signs in pregnancy MAF
- 98. Why contraception WHO.mp4

E-Library video Folder E – Breech

- 19. MSV Breech delivery of head simulation Baby Lifeline
- 20. Breech delivery with manikin MCAI ALSG
- 21. Caesarean Section breech MCAI ALSG
- 41. External cephalic version. Baby lifeline
- 93. Vaginal breech delivery Lovsetts

E-Library video Folder F – Caesarean Section

- 22. Caesarean section for triplets with WARNING MCAI ALSG
- 23. Caesarean section Module 1 Preperation for surgery MAF
- 24. Caesarean section Module 2 Opening abdomen and uterus MAF
- 25. Caesarean section Module 3 Delivery of baby MAF
- 26. Caesarean section Module 4 Closure uterus and abdomen MAF
- 27. Caesarean section Module 5 Complications MAF
- 28. Caesarean section Module 6 Postoperative care MAF
- 35. Difficult caesarean sections. NCCEMD South Africa
- 37. Emergency Caesarean Section obstructed Labour MCAI ALSG
- 100. Caesarean section evidence-based surgical technique WHO
- 101. Safe surgery saves lives checklist WHO

E-Library video Folder G – Labour and delivery

- 40. Delivering and Examining the Placenta Global Health Media
- 46. Giving good care in labour Global Health Media
- 49. Helping a breastfeeding mother Global Health Media
- 51. How to use a partograph MAF
- 55. Immediate Care after birth Global Health Media
- 56. Initial Assessment of the woman in labour Global Health Media
- 61. Managing second stage labour Global Health Media
- 62. Managing the third stage of labour Global Health Media
- 70. Preparing the birth room Global Health Media
- 71. Preventing infection at birth Global Health Media
- 88. The birthing process Global Health Media
- 90. The position of the baby in labour Global Health Media
- 115. Respectful Maternity care. White Ribbon Alliance

E-Library video Folder H – Massive Obstetric haemorrhage

- 15. Antepartum Haemorrhage Couvelaire Uterus with WARNING MCAI ALSG
- 65. Massive post partum haemorrhage GLOWM
- 72. Prevention & Management PPH.mp4
- 76. Ruptured ectopic pregnancy with WARNING MCAI ALSG
- 83. Simulated massive obstetric haemorrhage with warning MCAI ALSG
- 111. Prevention and management PPH MAF
- 117. Addressing post partum haemorrhage in Africa MAF

E-Library video Folder I – Pre-eclampsia and eclampsia

- 26. Eclampsia with WARNING MCAI ALSG
- 54. Hypertension, pre-eclampsia and eclampsia GLOWM
- 73. Recovering from Eclampsia with WARNING MCAI ALSG
- 82. Simulated eclampsia with WARNING MCAI ALSG

E-Library video Folder J – Procedures

- Aortic Compression in PPH GLOWM
- 1. Caesarean Hysterectomy Placenta Accreta – 7kbhRhLBeU4_720p.mp4
- 6. Condom Catheter Tamponade – PPH (Dr. Shailija Sinha). Mp4
- 7. Canada forceps video.mp4
- 8. Canadian CS video.mp4
- 9. Caesarean Hysterectomy Placenta Accreta.mp4
- 11. A training film for Fistula Nurses MAF
- 12. Abdominal hysterectomy – description, indications and questions.mp4
- 29. Condom Tamponade for PPH management Prof Bergstrom
- 30. Cord prolapse simulation. BabyLifeline
- 31. Craniotomy MCAI ALSG
- 39. Episiotomy procedure with WARNING MCAI ALSG
- 42. Fetal Heart Rate monitoring. BabyLifeline
- 45. Forceps delivery MCAI ALSG
- 47. Handwashing

- 48. Handwashing MCAI ALSG
- 52. How to use the CRADLE VSA to detect vital signs during pregnancy
- 58. Kiwi vacuum delivery.mp4
- 63. Manual removal of the placenta MAF
- 64. Manual removal of retained placenta with WARNING MCAI ALSG
- 67. NASG in shock training video GLOWM
- 69. Parenteral antibiotics in pregnancy MAF
- 74. Repair episiotomy MCAI ALSG
- 78. Setting up condom catheter for PPH MCAI ALSG
- 86. Symphiotomy BabyLifeline
- 87. Symphysiotomie
- 89. The Fistula care plus surgical safety toolkit
- 92. Uterine Balloon Tamponade Techniques UNICEF
- 94. Vaginal exam in labour Global Health Media
- 95. Ventouse part 1. BabyLifeline
- 96. Ventouse part 2. BabyLifeline
- 102. Vacuum extraction WHO

E-Library video Folder K – Shoulder dystocia

- 33. Shoulder dystocia Delivering posterior arm
- 34. Shoulder dystocia Delivering posterior arm in all fours
- 75. Shoulder dystocia Rubin 2 Manoeuvre
- 79. Shoulder dystocia K Hinshaw
- 80. Shoulder dystocia manikin. MCAI ALSG
- 81. Shoulder dystocia McRoberts SP. Trial Image
- 85. Shoulder dystocia Suprapubic pressure
- 99. Woods screw manoeuvre
- 110. PROMT Shoulder Dystocia Training.mp4

E-Library video folder L Neonatal Resuscitation

- N45 Neonatal resuscitation MA