BASIC EMERGENCY OBSTETRIC AND NEWBORN CARE (BEmONC)

TRAINING REPORT

CONDUCTED

FOR

COMMUNITY HEALTH WORKERS

FROM GOMBI, HONG, MADAGALI, MAIHA, MICHIKA AND MUBI NORTH

HELD

AT MUBI

DATE: 11TH - 15TH AUGUST, 2025

PREPARED BY

SUNDAY STEPHEN NAINA ADSPHCDA

YOLA

INTRODUCTION

The health of mothers and children is central to local, national and global concepts, the life of the mother and baby is always at risk during child birth and puerperium this risk that result to maternal and neonatal mortality are preventable if the immediate and basic interventions are provided as at when due. The strategy adopted by Federal Ministry of Health to curb the situation is Basic Emergency Obstetrics and Newborn Care (BEmONC). Nigeria is at pace to archiving sustainable Development Goal (SDG3) which state that, by 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

The maternal mortality ratio (MMR) is defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period. It depicts the risk of maternal death relative to the number of live births and essentially captures the risk of death in a single pregnancy or a single live birth.

Maternal deaths: The annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, expressed per 100,000 live births, for a specified time period.

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births Probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births

The neonatal mortality rate is the probability that a child born in a specific year or period will die during the first 28 completed days of life if subject to agespecific mortality rates of that period, expressed per 1000 live births.

Neonatal deaths (deaths among live births during the first 28 completed days of life) may be subdivided into early neonatal deaths, occurring during the first 7 days of life, and late neonatal deaths, occurring after the 7th day but before the 28th completed day of life.

ADAMAWA UNDER 5 AND NEONATAL MORTALITY MICS&NICS SURVEY 2022

In MICS Survey 2016-17 under five mortality was at 84 per 1000 live birth

While neonatal mortality was at 21 per 1000 live birth .

In MICS Survey 2022 Neonatal Mortality 25 per 1000 live birth while under 5 mortality rate is 63 per 1000 live birth

The need to reduce the figures is obvious to all

It will help our women, children, fathers, community……our humanity

It will improve our economic classification in the committee of nations and globally

Executive Summary

44 Participants were drawn from Gombi, Hong, Madagali, Maiha, Michika and Mubi North Maiha. They were drawn to University Guest In hotel for a residential training 5 Days BEmONC Training. To anchor the training 6 facilitators were invited to support the training while 1 national monitor and state monitor provided technical support and monitoring during the training session . the pull of facilitators where from the Maternal and Child Health Division (MAUTH & ADSPHCDA) who are seasoned BEmONC facilitators. Participants were taken through class and practical session. By the end of the training 41 participants showed significant knowledge gain while 3 maintained the knowledge the came with. The training was highly interactive as participants were given ample time to practice Ventilating a newborn, Manual Vacuum Aspiration and Manual Removal of Placenta using mannequins that were provided by the facilitators.

The GOAL of BEmONC

- Safe motherhood
- Life and healthy Baby

OBJECTIVE

- Reducing maternal and perinatal mortality
- Improve knowledge and skills of Health care providers on BEmONC and CEmONC in the Health Facilities.
- Improve quality of Health care services in the Health Facilities.

METHODOLOGY

- Brainstorming.
- Lectures/discussions.
- Group individuals exercises.
- Practical exercises (Demonstration & returns demonstration).
- Clinical sessions.
- Case study.

STRATEGY

- Flip board and chart.
- Manuals. Mannequins Mentally.
- SOP Charts and Carpals.

PROCEEDINGS

DAY ONE

Training started with the registration of participants. Introduction, pre-test on BEMONIC with answer true of false. Overview of maternal and perinatal mortality taken to sensitize and stimulate participants curiosity thereby creating interest of participants as vanguard for life savings in their place of work in order to achieve the concept of BEmONC.

Lectures on all the 9 signal functions and discussions were made. These 9 signal functions are:-

1. Administration parental antibiotics.
2. Administration of parental anti convulsant
3. Administration of parental uterotonics
4. Manual removal of placenta
5. Removal of retain products
6. **Assisted vaginal delivery**
7. Prevention and management of birth asphyxia/ newborn resuscitation.
8. Management of low birth weight and preterm baby.
9. Neonatal jaundice, neonatal sepsis and parental antibiotic administer to the newborn.

1. Administration of parental antibiotics

   Common maternal infections which accounts for 11% of all maternal mortality, ways of prevention, diagnosis and managements including

referral were discussed. Infections can occur during pregnancy labour or after childbirth. Puerperal infections of the uterus is the worst of all maternal infections and so prevention infection is very important.

Commonly used parenteral antibiotics and their dosage and possible side effects are:-

i. Ampiclox 1g, 6hourly.

ii. Flagyl 500mg. iii. Crystalline pencillin imegaunit 6hourly. iv. Ceftriazone 1g 12hourly.

v. Augmentin 1.2g, 12hourly.

vi. Gentamycin 80mg, 8hourly.

Possible side effects:

- Nausea and vomiting
- Diarrhea
- Anaphylactic reactions; urticarial rash to Steven Johnson syndrome etc.

2. USE OF ANTICONVULSANTS

Anticonvulsants are used in BEmONC for the prevention and treatment of PreEclampsia and Eclampsia (Hypertensive disorders which account for 13% of all maternal mortality).

Classification

- Pregnancy induced hypertension.
- Pre-eclampsia.

- ✞ Eclampsia.
- ✞ Chronic Hypertension in pregnancy.
- ✞ Unexplained hypertension.

Diagnosis – Pre-Eclampsia

- ✦ Elevanted blood pressure ≥ 140/90mmltg or elevation in systolic of ≤ 30mmtlgy and diastolic of ≥ 15mmlty.
- ✦ In second half of pregnancy ≥ 20 weeks.
- ✦ Protenuria.

Eclampsia

In addition to all sign & symptoms of pre-eclampsia

- ✦ Presence of convulsion (fits)
- ✦ Other features are:- ○ Coma of variable duration ○ Foaming in the mouth. ○ Urine/faecal incontinences.

Principles of management

- ✦ Maternal and foetal condition monitoring control of hypertension (blood pressure)
- ✦ Prevention of convulsion.
- ✦ Referral or delivery of the foetus.

Principles of Management Eclampsia

- Resuscitation.
- Control of fits
- Controlling the blood pressure.
- Correct fluid and electrolyte imbalance.
- The baby or referral.
- Post-perturn care to prevent father fits and other complications.

Prevention of Convulsion & Control

- Magnesium sulphate the best drug of choice given intravenously or intramuscularly.
- It is used to treat women with severe pre-eclampsia when there is risk of eclampsia. In PHC such women should be referred or delivered.
- It is used to treat women with eclampsia till delivered. This must occur with 6 -12 hours of fits using Pritchard regimen.

Pritchard Regimen

Loading dose of 4g i.v slaulcy 5 – 10 mins. 10gm

10gm intramuscularly 5g in each bultock.

Then 5g 1m four hourly in alternate bultock x 24 hours.

Contra – indications:

- Women with heart block and myocardial damage
- Impaired renal function.

SIDE EFFECTS	TOXICITY
Flushing Sweating Hypotension	Cardiac arrest Respiratory paralysis Depression or loss of deep tendon reflexes

ANTIDOTE:

Calcium gluconate

2. PARENTERAL UTERONIC AND AMTSL

Haemorrhage which is the greatest and common cause of material mortality with 25% of all maternal deaths. The commonest of these haemorrhages is post partum haemorrhage (PPH). PPH is bleeding after child birth from the genital tract of 500mls or more and or any amount that worsens the constitutional state of the women. 1000mls for CLS.

CAUSES (LTS)

i. The uterine tone

90%. ii. Retain placental

tissue,. iii. Trauma. iv.

Thrombin.

RISK FACTORS

i. 2/3 of women with PPH have no identifiable risk factors.

ii. Multiparty

APPROACHES THAT REDUCES PPH

i. Identification of risk factors. ii. AMTSL iii. Being alert should AMTSL fail.

AMTSL

- Administration of uterotonic agent lm, 10lu of oxytocin within 1munite of delivery.
- Controlled card traction.
- Uterine massage after delivery of the placenta.

BENEFITS OF AMTSL

- Reduced risk of PPH.
- Reduced incidence of prolonged 3rd stage.
- Decreased need for blood transfusion of additional uterotonic drugs.

LIST OF UTEROTONICS

1. Oxytonic
2. Ergometrine
3. Syntometrine
4. Mesoprostrol
5. Prostaglandin F2 alpha

TRAUMA

Repair of tears e.g. critical tear, perinea tear and vaginal tears.

4. MANUAL REMOVAL OF PLACENTA

- Placenta is retains if it fails to separate and except with in 30minutes after the delivery of the baby.
- Usually due to poor management of 3rd stage of labour, poor contractions, snapping of cord etc.
- Manuel removal of placenta is done when the placenta is retained or retained membranes or part (cotyledon) of the placenta.
- Patient may present with post partum hemorrhage.

STEPS TO TAKE IF PLACENTA IS RETAINED

- Secure an IV line.
- Where available group and cross match blood.
- Empty bladder
- Rub up uterine contraction.
- Give oxytonic and do controlled cord traction (CCT) may be altempted to deliver the placenta.
- Then if placenta still not delivered, manual removal of placenta must be done.
- Or refers patient urgently. **NB:** Done in the theatre under anesthesia by a well trained health workers.
- Counsel patient for removal or referral.

COMPLICATIONS

- Hemorrhage
- Infections
- Uterine perforation Uterine inversion.

5. REMOVAL OF RETAINED PRODUCT

Unsafe abortion accounts for 12% of all maternal deaths. Abortion is unsafe when a pregnancy is interrupted by an untrained personnel or done in an environment lacking medical standard.

MANAGEMENT

- Retained product of conception following abortion can be removed with manual vacuum aspirator (MVA). MVA is less painful, less traumatic and unlike current is less likely to perforate the uterus.
- Treatment of complications e.g. infections given parental antibiotics, anemia give haematemics.
- Counseling on risk of STIs cancer, family planning etc.

6. ASSISTED VAGINAL DELIVERY

Obstructed labour contributes directly to maternal mortality by up to 8% of all maternal mortality is obstructed where there is no progress despite good uterine contractions, it can be at the inlet.

Delivery can be by:-

- Caesarea section.

- ✞ Forced delivery.
- ✞ Vacuum delivery.

INDICATIONS FOR VACUUM

- ✞ Maternal exhaustion in 2nd stage of labour.
- ✞ Maternal conditions like:- ○ Hypertensive disease ○ Sickles cell disease ○ Cardiac disease
- ✞ Foetal distress in 2nd stage of labour.
- ✞ Cord prolapsed in 2nd stage of labour.

CONDITIONS FOR VACUUM USE

- ✦ Adequate pelvis.
- ✦ Cephalic presentation.
- ✦ Fetal head must be engaged.
- ✦ Critic at list 9cm (but preferable fully dilated) Position of the occiput should be known (vertex).
- ✦ Ruptured membranes.
- ✦ The bladder should be empty.
- ✦ Skilled personnel is required.
- ✦ Readiness to abandon procedure after 2 – 3 failed attempts. Then refer to f CIS.

CONTRA INDICATIONS

- ✦ Inadequate pelvis.

- Previous uterine scarp e.g. CIS, myomectomy etc.
- Foetal macro dome
- Other contraindication to vaginal delivery.

COMPLICATION

- **Maternal**

  Haemorrhage, lacerations and infection.

- **Foetal**

  Cephalhematoma

  Retinal haemorrhage.

Day Two

The training started at 9:30am with the words of prayers. Then the class was divided into two groups. We had practical sessions on infection prevention procedures with JIK solution for instruments, beds, floors, surfaces, vulva swabbing using savlon solutions, wearing of sterile gloves, and PPE. Practical on the administration of anti-convulsant etc.

Practical session on manual removal of placenta with a return demonstration by a participant was done. Practical session on how to use Magnesium Sulphate (Mgso4). All practical's demonstration was conducted in the class room settings each participants took tone to practice and the whole day was utilized to allow participants do hands on the practical's.

DAY THREE

Session started this day with identifying common complications in a newborn baby and how to manage them.

COMMON COMPLICATIONS

- Birth asphyxia
- Law birth weight
- Pre-term baby
- Sepsis
- Neonatal jaundice.

MANAGEMENT

1. Preparing for delivery
    a. Area for delivery; clean, warm and well lit.
    b. Wash hands always.
    c. Check and clean equipment for resuscitation ready and close to delivery area.
2. Receiving the newborn
    a. Dry the baby and keep warm
    b. Baby crying and breathing normal. Continue with routine care and nitiate break feeding within 30 minutes.
    c. Reassess baby's breath.

d. If newborn breathing less than 30 per minutes or not at all.

e. Start resuscitation and call for help.

3. Give vit k. 0.05mg
4. Weight newborn
5. Provide three postnatal visit at 6 – 24hrs, day 3 and 7.
6. Care of the eyes.
    a. Use erythromycin ointment ance.
7. Care of the cord:- 4% chlorhexidine gel daily kill fall.
8. Care of the skin.
    a. Avoid removal of the vernix caseosa.
    b. Delay bathing till the next day.

NEWBORN DANGER SIGNS

1) Breathing less than 30 or more than 60 per minutes.
2) Unable to suck
3) Red swollen eyelids and pus discharge from the eyes.
4) Convulsion.
5) Feels cold to touch < 35°c
6) Feels hot to touch > 37.2°c
7) Pallor, bleeding from cord and reddish.
8) Jaundice (yellow soles).
9) Swollen and distended abdomen.

DAY FOUR

Session started at 9:30am with words of prayers. After this practical demonstration of infant resuscitation (Helping Baby Breath) and return demonstration.

- Position baby on flat surface.
- Keep in supine position.
- Clear airway.(by using suction device (penguin)
- Stimulate breathing
- Stimulation should be as brief as possible positioning, clearing of the airways and stimulation should not last more than 15 seconds .
- If baby does not breathe after stimulation, clamp cord immediately.
- Select correct mask.
- Stand at the baby's head.
- Make a firm seal.
- Start ad ensure ventilation is producing chest movement.
- Ventilate for 60 seconds count 1,2,3 'breathe' the breath is the ventilation puff.
- If no improvement repeat again for another 60 second but this time more faster count 1,2 breath.

- If still no spontaneous, respiration but there's heart rate begin advance care while ventilation continue but this time more slowly

  Participants fully understood the packaged as they were given ample time to practice ventilating the newborn until the chest rises

.Day 5

Day 5 started with opening prayer by 9:15 am with complete participants with the exception of one participants who came late . recap of day for was conducted individually, participants were given the privileged to mention the content the understood most and if any concern from any topic presented. Day five was critically speared for essential care for small baby (ECSB). Practical demonstration was concentrated on Helping baby Breath (HBB) and Manual Vacuum Aspiration (MVA) .

PREMATURITY/LOW BIRTH WEIGHT

Weight < 1.5kg or gestational age < 32 weeks

1. Give 1sd dose of antibiotics (Ampicillins/gentamycin)
2. Give expressed breast milk continuously.
3. Commence and continue kangaroo mother care.
4. Refer urgently for advanced care.

Weight 1.5kg and 2.5kg gestational age > 32 weeks

1. Education on KMC
2. Counsel on breast feeding.

3. See at 6hours, day 2 and 7day
4. At each visit, cheek weight, temperature and feeding.
5. Refers immediately if any danger sign(s) is or are present.

Practical demonstration on using 4yard wrapper to do kangaroo Mother Care . it was fully demonstrated and participants took tone to practice cutting the 4 yard and tying the yard to provide the star shape behind

Day 5 was used to put everything together from the day 1-5 questions asked by participants were fully attended to and follow up for supervision to ensure what has been taught was discussed. Post Test was conducted and appreciation to Care International was presented by Sunday Stephen Naina for Director community health service ADSPHCDA Yola

CHALLENGES

Participants not hosted in training ground

RECOMMENDATIONS

Host participants in training ground

PARTICIPANTS

ADAMAWA STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY			
DEPARTMENT OF COMMUNITY HEALTH SERVICES			
BASIC EMERGENCY OBSTETRIC NEWBORN CARE (BEmONC)			
DATE: 11TH - 15TH AUGUST, 2025			
ACCOUNT DETAILS			
	PARTICIPANTS		
S/N	NAME	LGA	PHONE NO.
1	EVELYN NUHU	MICHIKA	09031784863
2	JANET YAKUBU	MICHIKA	08130949340
3	JOSEPHINE KUVA PETER	MICHIKA	08034382346
4	KARIMATU HASSAN	HONG	08086284542
5	FAITH YOHANNA	HONG	09037987866
6	MARYAM SAMAILA	HONG	08141417294
7	HASSANA MAHMUD	HONG	08068338647
8	AISHA HAMIDU MAIHA	HONG	08035604079
9	MARYAM YAKUBU	HONG	07066568786
10	HELGA EZRA ASAWA	HONG	08067041594
11	ZAINAB YUNUSA	HONG	08132090430
12	PEACE IJANADA SIMON	MADAGALI	07068752004
13	ROSELINE J. IDIM	MAIHA	09033553937
14	DAMARIS EMMANUEL	MAIHA	09039052978
15	GODIYA ISHAKU SUCCESS	MICHIKA	08108380753
16	MARY DAVID ADAMU	MUBI NORTH	09030570161
17	AGNES TSABTAMIHIA	MUBI NORTH	08126297080
18	SAKINAT ABDUL-RAHMAN HOLMA	MUBI NORTH	08167608489

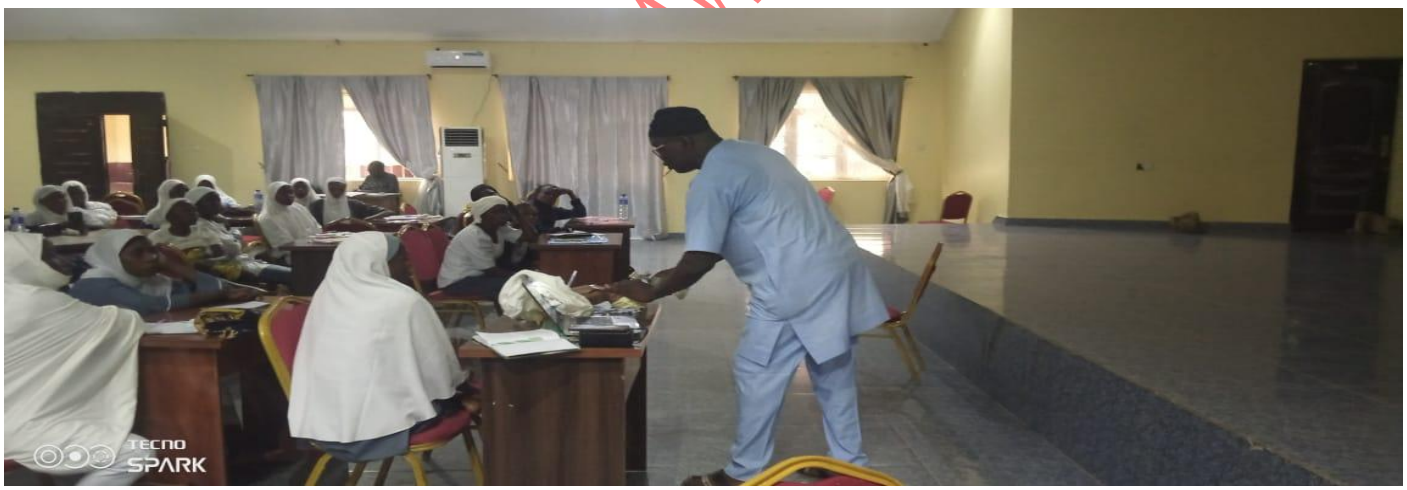
19	REJOICE YOHANNA	MUBI NORTH	09033022414
20	HADIZA IBRAHIM	GOMBI	07030511995
21	KUBILI PETER	GOMBI	08137011269
22	RUTH AUDU DANLADI	GOMBI	07065685758
23	AISHA KAULAHA ALIYU	GOMBI	09068067777
24	SAFIYA SULEIMAN	GOMBI	07069050526
25	LAMI SHUAIBU	GOMBI	07032997530
26	MAMINA HELEN TARFA	GOMBI	07032997530
27	LADI KILOBAS	GOMBI	08148978814
28	REGINA DANLADI	GOMBI	08148348008
29	ADAMA SANI KALIMA	MUBI NORTH	08033034324
30	JAMILA BELLO	GOMBI	08153256663
31	CATHERINE HERIJU	MADAGALI	09016072933
32	MARTHA LUKA	MADAGALI	07066135008
33	KALTUM MOHAMMED	MADAGALI	08114759620
34	RIFKATU MOHAMMED	MADAGALI	09018585560
35	NAFISA USMAN	MAIHA	01928905328
36	MARTHA JAVAN PETER	MAIHA	07080034819
37	KULCHUMI SALIHU	MAIHA	07080304056
38	AMINATU MOHAMED UMAR	MAIHA	08147225140
39	AISHATU YERIMA RAFA'U	MAIHA	09060028493
40	HADIZA HASSAN	MAIHA	08136073028
41	BRIDGET SAUL EXEKIEL	HONG	08060842393
42	RABIATU AHMADU	MAIHA	09036466680
43	PAULINA BULUS	MAIHA	08083023655
44	OLIVI DAUDA	MICHIKA	08083119573

	FACILITATORS		
S/N	**NAME**	**LGA**	**PHONE NO.**
1	BLESSED JOY NAFARNDA	YOLA NORTH	07031884841
2	MARY WUSHAK	MUBI NORTH	09161352207
3	GRACE ISAAC W.	YOLA	07039047760
4	OMOKORE OLUSEYI	ABUJA	08030834014
5	ANTHONY YAKUBU	YOLA	07034522147
6	SUNDAY STEPHEN	YOLA	08137492878
7	BITRUS BULUS MIDALA	YOLA	08065695819

Class Session

Practical's MVA

Demonstrating HBB



Clinical Visits

FIVE DAYS TRAINING OF HEALTH WORKERS ON BASIC EMERGENCY OBSTETRIC AND NEONATAL CARE (BEMONC) Date:

11th -15th August, 2025.

Venue: University Guest House .

Day 1

TIME	ACTIVITY	RESPONSIBLE PERSON
8 - 8.30am	Arrival and Registration	Facilitator
8.30 – 9.30am	Opening prayers/Introduction.	Volunteer/ All
9.30-10am	Pre-test	Facilitator
10-10.40am	Overview of perinatal mortality/BEMONC.	Facilitator
10.40-11.35am	Tea-break	All
11.35-12.15pm	Parenteral Antibiotics and Anticonvulsants in BEMONC.	Facilitator
12.15-12.55pm	Manual removal of placenta	Facilitator
12.55-1.35pm	Parenteral uterotonics	Facilitator
1.35-2.15pm	Lunch-break/Prayer	All
2.15-2.55pm	Removal of retained product	Facilitator
2.55-3.50pm	Assisted vaginal delivery	Facilitator
3.50-4.30pm	Birth asphyxia	Facilitator
4.30-5.10pm	Low birth weight/prematurity	Facilitator
5.10-5.30pm	Neonatal jaundice/Neonatal sepsis	Facilitator

Day 2- Interactive/Practical Sessions

	Group A		Group B	
TIME	ACTIVITY	RESPONSIBLE PERSON	ACTIVITY	RESPONSIBLE PERSON

8.30-9am	Arrival/Opening prayers.	Facilitator	Arrival/Opening prayers.	Facilitator
9.00-9.30	recap	participant	recap	participant
9.30-11am	1st practical /interactive session • (problems shown partograph-) • Rapid initial assessment	Facilitator	• 1st practical /interactive session (problems shown • partograph) Rapid initial assessment	Facilitator
11-11.30am	Tea-break	All	Tea-break	All
11.30-1.30pm	2nd session- Ass vag delivery/MVA	Facilitator	2nd session- Ass vag delivery/MVA	Facilitator
1.30-2.30pm	Lunch break	All	Lunch break	All
2.30-4.30pm	3rd practical session- AMTSL-keeping babies warm and cord care	Facilitator	3rd session- AMTSLkeeping babies warm and cord care	Facilitator
4.30-5pm	Questions/Announcements	Facilitator	Questions/Announcements	Facilitator

	Group A		Group B	
TIME	ACTIVITY	RESPONSIBLE PERSON	ACTIVITY	RESPONSIBLE PERSON
8.30-9am	Arrival/Opening prayers.	Facilitator	Arrival/Opening prayers.	Facilitator
9-9.30	recap	participant	recap	participant

3rd day- Interactive/Practical Sessions

	GroupA		Group B	
TIME	ACTIVITY	RESPONSIBLE PERSON	ACTIVITY	RESPONSIBLE PERSON
8.30-9am	Arrival/Opening prayers.	Facilitator	Arrival/Openin g prayers.	Facilitator
9am-9.30am	Recap	participant	Recap	participant
9.30-11am	1st session-role play Recognizing resp distress-and HBB)	Facilitator	1st sessionrole playrecognizing resp distress HBB	Facilitator
11am -11:10am	Tea break	All	Tea break	All
11:10am -11:30am	2nd session- PPH	Facilitator	2nd session- PPH	Facilitator
11.30-1.30pm	3rd session- Sepsis/Antibotics	Facilitator	3rd session Sepsis/Antiboti cs	Facilitator
1.30-2.30pm	lunch	all	lunch	all
2.30-5.0pm	4th session Neonatal jaundice/Neonatal sepsis/referal	facilitator	4thsession Neonatal jaundice/Neon atal sepsis/referal	facilitator

9.30-11am	1st session- (htn /eclampsia/antihyp/mgso4	facilitator	1st session-(htn /eclampsia/antihyp/mgso4	Facilitator
11-11.30am	Tea-break	all	Tea-break	all
11.30-1.30pm	2nd practical – LBW/prematurity/initiating feeds	facilitator	2nd session LBW/prematurity/initiating feeds	Facilitator
1.30-2.30pm	Lunch break	all	Lunch break	all
2.30-4.30pm	3rd practical /interactive session	Facilitator	3rd practical /interactive session	Facilitator
4.30-5pm	Announcement/closing	Facilitator	Announcement/closing	Facilitator

Day 4- Interactive/Practical Sessions Day 5

	Group A		Group B	
TIME	ACTIVITY	RESPONSIBLE PERSON	ACTIVITY	RESPONSIBLE PERSON
8.30-9am	Arrival/Opening prayers.	Facilitator	Arrival/Opening prayers.	Facilitator
9-9.30	recap	participant	recap	participant
9.30-11am	Essential Care For Every Baby (ECEB)	facilitator	Essential Care For Every Baby (ECEB)	Facilitator
11-11.30am	Tea-break	all	Tea-break	all
11.30-1.30pm	Essential Care for Small Baby (ECSB)	facilitator	Essential Care for Small Baby (ECSB)	Facilitator
1.30-2.30pm	Lunch break	all	Lunch break	all
2.30-4.30pm	Helping Baby Breath (HBB) Practical	Facilitator	Helping Baby Breath (HBB) Practical	Facilitator
4.30-5pm	Post-test	Facilitator	Post-test	Facilitator

5-5.15pm	Announcement/closing remark	Facilitator	Announcement/closing	Facilitator