

# ***Helping Babies Breathe®***

## ***Facilitator Video***



***Helping Babies Breathe®***

*A Global Public-Private Alliance*



DEDICATED TO THE HEALTH OF ALL CHILDREN™



HEALTH CARE  
IMPROVEMENT  
PROJECT



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# *I. A different way of learning*

**Each year, more than one million babies die at birth because there is no one present who can help a baby who does not breathe. Training in Helping Babies Breathe® gives birth attendants the skills to reduce these deaths.**

This video shows you how you can help birth attendants learn with Helping Babies Breathe. Any trained birth assistant caring for mothers and babies at births can participate in the workshop as your learners. As a facilitator, you will lead your learners in this training course to be providers of Helping Babies Breathe.

Beginning with your own preparation as a facilitator, you will see how to set up a workshop and effectively use the teaching materials and equipment. You will see how a facilitator presents information, demonstrates skills, and engages the learners in practice and thinking about how they will apply what they have learned.

Rather than teaching your learners all the skills yourself, your job as a facilitator is to help them learn the skills by watching you show the steps, and then by teaching each other.

By seeing how the learners work in pairs, you can help them become learners and then teachers who provide feedback on performance to one another. You will understand how to evaluate knowledge and skills in ways that help them continue to learn - even after leaving the workshop.

Preparation is key to a successful training workshop. The Implementation Guide for Helping Babies Breathe gives you important information for planning. Before presenting a workshop, you will prepare a schedule and a teaching plan. A review of all teaching materials is very important. Reviewing this video also helps you prepare for your workshops.

Your classroom can be set up just about anywhere. Find a place that is well lit where 4 to 6 learners can gather around an area to practice with a facilitator. Arrange learners in pairs, with a newborn simulator and a complete set of supplies and equipment for each pair.

## II. Using learning materials



The newborn simulator helps learners practice their new skills. When it is filled with water, the baby looks and feels real. Supplies used in the practice sessions should be those used locally by birth attendants.

Each learner uses a Learner Workbook. Distribute this workbook prior to starting the course, if possible, so learners can read it and answer the self-check questions before coming to the workshop.

Encourage your learners to make notes in their Learner Workbooks during the workshop. The Learner workbook follows the Action Plan wall chart and Facilitator Flip Chart to give facilitators and learners an integrated approach to workshop content.

Be sure learners have a clear view of the Facilitator Flip Chart and the Action Plan wall chart. Leave room for facilitator demonstration at each table or at the front of the room.

After introductions, start the workshop with the opening visualization. This is a chance to get learners talking about their experience delivering babies, particularly ones born not breathing. It's also a good time to present local statistics on the causes of death for newborn babies.

The Action Plan wall chart is the road map for how to evaluate a baby after birth and help a baby breathe. It shows a series of evaluation and response steps for providing newborn care.

Make wall chart placement easy for viewing and user interaction. You will lead the learners through the Action Plan step-by-step to learn how to help babies breathe.

If you use the facilitator flip chart page-by-page, you will cover all the educational material of Helping Babies Breathe. It has pictures that show the steps of each lesson.

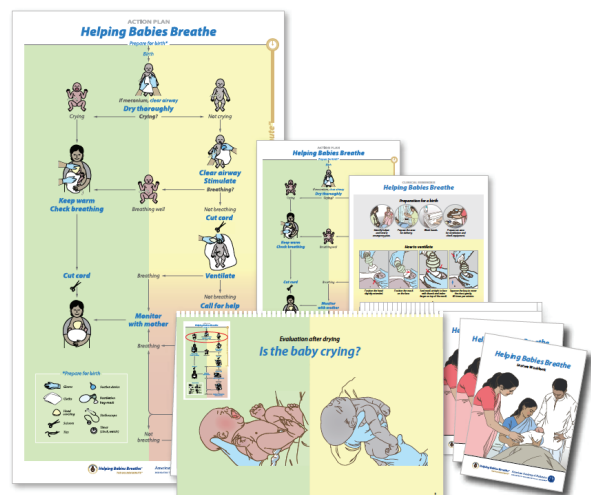
On the back, the lesson content is clearly written for you to teach. It is important that you be very familiar with the content and practice presenting it - before you facilitate your workshop. You may want to review the extra information at the bottom of the page to help you answer questions.

Facilitators introduce learners to each page of the flip chart. First, the facilitator summarizes key points of information and demonstrates the skills.

All learners practice the skills and give each other feedback. One learner can point out the corresponding step on the Action Plan and the other learners follow along in their workbooks.

When the learners use all the learning tools together in the classroom, they will understand the steps and skills of Helping Babies Breathe more rapidly.

Because they will practice the skills with you, they will remember more of the steps longer.



### *III. Learning in pairs*

You will use a paired learning model for the learners to practice the steps of Helping Babies Breathe®, so that they can learn and teach each other.

Have your learners work together in pairs, with one learner taking the role of the birth attendant and the other learner controlling the newborn simulator. Have them switch roles and practice again. This way, learners become teachers, providing feedback on skills to one another.

Encourage learner pairs to practice and get comfortable with the skills. Bring the group back together and ask a learner to point out the completed step on the Action Plan wall chart.

After each lesson and practice session, ask learners to answer the "Check yourself" questions in the Learner Workbook. These questions review the important knowledge behind the skills just practiced.

They also show areas where learners need more work. After the "Check yourself" questions, take time to talk about local or regional practices or common problems.

The goal of the small group discussions following each exercise is to stimulate thinking about how the newly learned skills will be applied in real life. Encourage learners to create questions to discuss.

Facilitators can ask additional questions based on the discussion.

You will lead the learners through five main exercises to practice the individual skills that form the action steps of Helping Babies Breathe: Preparation for Birth; Routine Care, The Golden Minute – clearing the airway and stimulation to breathe, The Golden Minute® – ventilation, and advanced care.

Here is a demonstration of the learning tools of Helping Babies Breathe. In preparation for birth, start by teaching your learners the correct way to wash their hands before they set up the birthing area. Have them practice putting on gloves.

Preparation for Birth is a good time for the learners to become familiar with the equipment they'll need at a birth. Show them how to set up a clean area for the equipment.

Let them practice setting out their equipment. Have them test the bag and mask to make sure it works. Talk with the learners about planning for an emergency and who to ask for help.

Use the paired learning model to encourage your learners to ask questions and to share their experience.

## IV. Practicing with the simulator

Now move on to practice evaluation and action skills with the newborn simulator. Show your learners how to make the simulator breathe, and create a pulse through the umbilical cord.

Learners can even make the baby appear to cry. Go over what each control does prior to the exercise.

Ask them to follow the Action Plan, and start with clearing the airway. Direct your learners to use a vigorous motion to stimulate the breathing.

Next you will show them the steps to examine if the baby is breathing. Learners practice making the baby cry and appear to breathe using the simulator controls.

Give the infant routine care. Ask them to pretend to keep the baby warm while on the mother's belly.

Using the simulator, show the learners what normal and abnormal breathing looks like.

Simulate the baby breathing normally for several minutes; then show how to cut the cord. Be sure to have each learner practice as the birth attendant and as the newborn simulator.

Follow with group discussion. This is a good time to talk about how to encourage breastfeeding.

The next lesson on the flip chart presents the baby not crying. This is where Helping Babies Breathe skills can mean the difference between life and death.

Use the Action Plan wall chart to give learners a clear understanding of the importance of the Golden Minute®, and the steps to be done within a minute of the baby's birth. Discuss the importance of getting a baby to breathe within a minute.

You will show these skills with this lesson: clearing the airway, stimulation, cutting the cord and routine care once the baby is breathing.





## V. Ventilation with bag and mask



The next step on the Action Plan is ventilation with the bag and mask.

In this lesson, you will show these skills: looking for breathing while drying and stimulating the baby, creating a work area for ventilation, clearing the airway, positioning the head for effective ventilation, mask sizing and placement and bagging technique.

An important skill to show birth attendants is how to get a good seal with the mask. Show how to adjust the mask to create positive airflow.

Encourage them to test each other in getting air into the simulator within one minute of birth, after they have examined the simulator and noted difficulty in breathing.

Use a timer to challenge learners to complete the steps in the golden minute®.

Discuss how learners can tell if a baby is breathing well or gasping, and when to stop or to continue ventilating with the bag and mask.

Show how to take an umbilical pulse once the baby is breathing. Follow the paired learning model with evaluation, review and group discussion.

After the presentation of all content and practice with the exercises, allow a time for free practice and questions. This is a good time to get learners to think about the skills they had coming into the workshop and talk about ways they plan on using new knowledge and skills based on the training experience. This helps connect the old and the new to create a complete skill set.

Plan a break period for learners to rest. Completing the course may take from a few hours to an entire day. When time and resources allow, schedule evaluations the next day, so learners are refreshed and not under time pressure.

Remember that at the end of the course, your learners will be tested on the skills they learned during the course.



## VI. Evaluation

The skills practiced for clinical evaluations are based on local guidelines. These evaluations and demonstrations measure knowledge, skills, and decision-making abilities.

This testing format may be new to both participants and facilitators, so allow plenty of time for this part of the workshop.

Explain the evaluation sequence to all learners. The workshop facilitator uses three evaluations to make sure learners have mastered the knowledge and skills needed to help babies breathe.

The first is a written evaluation that can also be done orally if the learner does not write.

Next, is a skills test on the use of the bag and mask. This test requires learners to demonstrate 100% of this skill correctly.

And finally, learners go through the Objective Structured Clinical Evaluation or OSCE which tests their ability to use Helping Babies Breathe in a birth situation and apply the proper actions to get the best outcome of a baby breathing on its own.

Once the OSCE starts, the facilitator does not say anything, and makes the simulator act so that the learner can respond with the correct steps. The facilitator provides guidance for learners using mannequins that do not provide feedback.

The flip chart guides you in evaluating learners based on the required skills used in the OSCE. Learners must perform this test from beginning to end. Provide guidance but do not interrupt until the learner is finished.

Review the complete OSCE example video to see how to act as a facilitator during the evaluation. Make note of important feedback to give to the learner, and use the evaluation tool on the flip chart to insure the OSCE skills demonstrated meet the standards for practice.

## *VII. Continued learning*

After completing the training workshop, your learners are now providers of Helping Babies Breathe®. If there is opportunity, continue to watch them use their skills, after they've attended births.

Clinical supervision at work gives facilitators more skills and experience to bring to future workshops. Where possible, participate in resuscitations and provide feedback based on direct observation.

These opportunities for continued learning, after the workshop is over, reinforce the learning model used in Helping Babies Breathe.

The skills videos included in the course materials are used to reinforce or improve performance during course preparation and clinical supervision.

Reviewing actual cases using the newborn simulator provides a connection to real world problems and solutions. It also provides practice time for skill improvement and teaching colleagues.

This program supports the skills and understanding of the HBB content to certify course facilitators.

We have described the content, teaching environment, facilitator skills, evaluation and continuing education activities to create successful workshops anywhere. Be sure to track your learners and their progress as part of the continued use of HBB materials.

Feedback about the facilitator experience and results keeps the course adaptable and open to continuous improvement.

The ultimate goal is giving birth attendants the knowledge and skills to help babies to breathe on their own, giving them the gift of life.

# Helping Babies Breathe Script

## OSCE - A

**Facilitator:**

I'm going to read a role-play case. Please listen carefully and then show me the actions that you would take. I will indicate the baby's response with a simulator. I will provide no other feedback until the end of the case. You are called to assist the delivery of a term baby. There are no complications in the pregnancy. The baby will be born in less than ten minutes. Introduce yourself and prepare for the birth and care of the baby.

**Learner:**

Hi my name is Jamie and I'm here to help you and your baby after delivery. I've spoken with the head nurse and we have a plan if we need help. The dad will go and grab the head nurse if we need help – she's in radio communication with the district hospital and if we need help the district hospital will get transportation for us.

Next, I want to make sure that the room is prepared for delivery. We'll make sure that the door and windows are closed for privacy and that we have plenty of light in the room as well as the temperature seems warm enough for the baby to be delivered.

The next thing I'll do is wash my hands and prepare my equipment. (Washes hands thoroughly and puts gloves on.)

Okay, I have a couple of blankets here – one blanket will be to dry the baby off after the baby is delivered and we'll have that here on the mother's abdomen. I've got another blanket available to help keep the baby warm. After the baby is born and breathing we'll be able to tie the cord. I have two cord ties to tie the cord and then scissors to cut the cord with. I have a stethoscope to use

to listen to the heart rate. We'll need that. I have a bulb suction to suction out the baby's nose and mouth, a hat to put on the baby to keep the baby warm, and then if we need to, we have the bag and mask to help the baby breathe, so I'm going to check that to make sure the valve works. We have two sizes of masks. I'll check both of those to make sure that they work. And also, if we need to go ahead and use this equipment to ventilate the baby, we have another area to move the baby to.

**Facilitator:**

Okay, the baby is now born. The amniotic fluid is clear. (Lays baby on blanket.) Show me how you would care for the baby.

**Learner:**

First, I want to make sure that the baby is dry. (Dries the baby thoroughly.) I get rid of the wet towel. I'm making sure to keep the baby warm, make sure the head is in good position. The baby's not crying so we'll suction.... and stimulate again. (Baby begins to cry.) The baby started crying, so I want to be sure to keep the baby warm. I will tie and cut the cord. Put the baby on the mom's abdomen so they can stay skin-to-skin.

**Facilitator:**

Very good. I think overall you did a very good job. You did the four steps for preparing for the birth. You got the baby to breathe within one minute and you kept the baby warm by keeping him skin-to-skin with mom and together so that they can work on breastfeeding.

# Helping Babies Breathe Video

## OSCE - B

**Facilitator:**

Here is the baby. The amniotic fluid is clear. Show me how you would care for the baby. (Flips sand timer for 1 minute.)

**Learner:**

Okay, first I'm going to dry the baby, (Dries the baby thoroughly.) get rid of the wet towel, keep the baby warm and assess her breathing. The baby is not breathing so I will suction... stimulate the baby again.

The baby is still not breathing, so at this point I want to tie the cord because I think we're going to need to ventilate the baby.

I'll move the baby to the other table. (Addresses the father.) Dad, can you go grab the head nurse and we'll have them call for help please?

The baby's not breathing so I'm going to go ahead and start ventilation.

**Facilitator:**

I see that you're getting effective chest wall rise with your bag/mask ventilation. Can you show me what would happen if you weren't seeing a good chest wall rise?

**Learner:**

Sure. So, I would want to re-apply the mask to the face, and re-position the head, and if that didn't work, you could also clear the mouth with the blanket. Also, squeezing the bag harder can give me a better chest rise. Okay, I have a good heart rate but the baby is still not breathing, so I'm going to continue with ventilation.

**Facilitator:**

So, let's say you've been bagging for several minutes now...

**Learner:**

Okay, it looks like the baby is going to take some breaths on its own and the baby is breathing on its own now. I'll go ahead and put the hat on to keep the baby warm and then give the baby back to the mom so that they can do skin-to-skin.

**Facilitator:**

Very good. I think overall you did a great job. Your initial steps of resuscitation were all in the correct order, however the Golden Minute® had passed before you had initiated ventilation with the bag and mask, so you want to focus on the same steps but do them a little bit more quickly. The other thing is when the baby isn't responding with bag and mask ventilation, you did demonstrate that you re-positioned the mask but it wasn't one of the things that you said. And, finally, it's good that you put the baby skin-to-skin with mom so that they can be together and work on breastfeeding – and don't forget to communicate with mom what you've done.

# ***Narration for skills videos***

## ***Hand washing***

- Fill one palm with alcohol-based gel (or wet hands and fill one palm with soap).
- Rub palms together.
- Rub one palm over the back of the other hand with fingers interlaced and repeat with opposite hands.
- Rub interlaced fingers together with palms facing.
- Rub backs of fingers in opposite palm with fingers interlocked.
- Rotate thumb in opposite palm and repeat.
- Rub tips of fingers in opposite palm and repeat.
- These steps should take 20 – 30 seconds. If using soap, rinse your hands with water, dry with a single-use towel, and use the towel to turn off the faucet.

## ***Checking equipment***

- Make sure all equipment and supplies are gathered in the area for ventilation.
- Connect the mask to the ventilation bag. Press the center of the mask (from the inside) into the patient outlet of the ventilation bag.
- Seal the mask tightly to the palm of your hand and squeeze the bag hard. Listen for air to escape from the pressure release valve. Look for the valve inside the bag to open as you squeeze.

## ***Drying thoroughly and keeping warm***

- Dry the head, body, arms, and legs by gently rubbing with a cloth.
- Wipe the face clean.
- Remove the wet cloth.
- Position the baby skin-to-skin with the mother.
- Cover the baby with a warm, dry cloth.
- Cover the head.
- Keep the area warm.

## ***Clamping or tying and cutting the cord***

- Select ties, clamps, or hemostats.
- Place the first clamp or tie around the cord about 2 fingerbreadths from the abdomen.
- Place another clamp or tie about 5 fingerbreadths from the abdomen.
- Cut between the clamps or ties with a clean scissors or blade.
- Leave the cut end of the cord open to the air to dry.

## ***Positioning the head and clearing the airway***

- Select a device to clear the airway.
- Position the head so that the neck is slightly extended.
- When the head is in the correct position, the nose will be higher than the forehead or the chin.
- If there are visible secretions, clear the mouth and then the nose with a clean suction device or wipe.
- When using a bulb suction, squeeze the bulb before inserting it into the mouth or nose.
- Position the tip, release, and then remove.
- Suction from the cheek, not from the back of the mouth.
- Clear the airway quickly, and stop suctioning when secretions are cleared.

## ***Providing stimulation to breathe***

- Rub the back gently but deliberately.
- Repeat once or twice.

## ***Initiating ventilation***

- Place the baby on a clean, warm, dry area with good light.
- Stand at the baby's head.
- Select the correct mask that covers the chin, mouth, and nose, but not the eyes.
- Attach the mask to the ventilation bag.

### ***Ventilating with bag and mask***

- Position the head slightly extended, with the nose higher than the forehead or chin.
- Support the chin with the middle finger. Move the jaw upward and forward.
- Position the rim of the mask on the chin, and then place the mask over the mouth and nose.
- Make a firm seal between the mask and face by pressing on the top of the mask with the thumb and index finger while gently holding the chin up toward the mask.
- Squeeze the bag to produce a gentle movement of the chest.
- Give 40 breaths per minute.

### ***Improving ventilation***

#### ***Check the head first:***

- Reapply the mask to the face to form a better seal.
- Reposition the head with the neck slightly extended.
- These two steps can be combined at the same time.

#### ***Next check the mouth:***

- Look for secretions and clear the mouth and nose as necessary.
- Open the baby's mouth slightly to move the tongue away from the back of the throat before reapplying the mask.
- Finally, squeeze the *bag* harder to give a larger breath.

### ***Evaluating heart rate***

- Feel the pulse in the umbilical cord where it attaches to the baby's abdomen.
- If you cannot feel a pulse, listen over the left chest with a stethoscope and count the heartbeat.
- Pause ventilation for several seconds in order to hear the heartbeat.

# Narration for exercises

## **The Golden Minute®** – clear the airway and stimulate breathing

***If the baby is not crying or breathing well after drying, you will need to help the baby breathe in The Golden Minute.***

- Dry the head, body, arms, and legs by gently rubbing with a cloth.
- Wipe the face clean.
- Remove the wet cloth.
- Place the baby skin-to-skin on the mother's chest/ abdomen if possible. If not possible place the baby on a warm, dry blanket beside the mother.
- Position the baby with the neck slightly extended to help keep the airway open.
- Clear the mouth and then the nose with a clean suction device or wipe.
- Gently but deliberately rub the back once or twice. Do not delay or stimulate longer.
- Move quickly to evaluate breathing and decide if ventilation is needed.
- Drying, clearing the airway, and stimulating should take less than 1 minute.

## **The Golden Minute** – ventilation

- Select ties, clamps, or hemostats.
- Place the first clamp or tie around the cord about 2 fingerbreadths from the abdomen.
- Place another clamp or tie about 5 fingerbreadths from the abdomen.
- Cut between the clamps or ties with a clean scissors or blade.
- Stand at the baby's head so that you can control the position of the head and look for chest movement.
- Position the baby with the neck slightly extended to help keep the airway open.
- Select the correct mask.
- Position the mask on the face.
- Make a firm seal between the mask and the face while squeezing the bag to produce gentle chest movement.
- Give 40 breaths per minute.
- Evaluate the baby during ventilation
- Keep the baby warm and determine what care the baby needs after beginning ventilation.



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