

Background:
Participants of the LSS
training listening to
the instructor



“We learnt to count every pregnancy as a risk...”

- Jamila Ado Usman

Availability of skilled birth attendants at child birth will contribute to reducing maternal mortality. Towards this aim, PATHS2 supported the training of the first batch of senior health workers in Kano on best practices in Life Saving Skills (LSS) in order to improve the skills of midwives. Jamila Ado Usman, a participant of the training, shares how her new knowledge has enhanced her skills at saving women's lives.

“*M*y name is Jamila Ado Usman, I was born on 14th February 1956 and I'm a retired nurse. I retired on 31st October 2009 from the Mohammad Abdullahi Wasu Specialist Hospital and was reemployed on 16th November 2009 as a contract staff. I am the ward manager of the female surgical ward and the lie-in ward of the hospital. I was one of the participants of the Life Saving Skill (LSS) Training of Trainers

(TOT) training organized by PATHS2. The training was quite beneficial because it educated and reminded us on what is expected of a good nurse/midwife. It also served as a sort of reminder on how best to assist a patient when the need arises.

During the LSS training, I learnt that once a woman has delivered in the ward, the placenta has to be separated and the risk of hemorrhage must be controlled. Before the training, we thought that only grand multifarious pregnancies were at risk but with the LSS training, we learnt to “count every pregnancy as a risk”. Now, we know that every pregnant woman should be treated with equal care and attention, no matter the age or disparity.

We were taught to know and identify the changes that occur in women during pregnancy especially the

danger signs. I can effectively use the non-pneumatic anti-shock garment and the manual vacuum aspiration (MVA) because of the LSS training. We were also trained on post-abortion care to enable us effectively practice the MVA and on how to use the pantograph to monitor labour.

In the course of the training, we were told to go back to our rural communities to do some advocacy. The communities we visited were Gurun-gurun village in Tudun Wada Local Government Area (LGA) and Ngoggo in Ngoggo LGA of Kano state. There, we liaised

with the elders, youths, traditional birth attendants (TBA) and leaders of the community. We all came together to look at the health issues affecting the community. Some of the health issues we discussed with them were: their sources of water to check for worm infestation, the kind

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Left:
Students learning to
stitch episiotomies

“We taught the Traditional Birth Attendants (TBA) to stop bleeding using mentholated spirit instead of McLean’s toothpaste.”

problem of transportation, the LGA agreed to assist the people both day and night to go to any nearby health facility. The community people agreed to contribute amongst themselves to buy fuel and send the women to nearby hospitals.

With the knowledge I got from the training, I was able to handle the case of a woman who miscarried her three month old pregnancy. When she came in, she was bleeding profusely and before we knew it, she went into shock. We put the anti-shock garment on her to control the bleeding, then we secured two IV lines for her after which we ordered for blood transfusion because her blood pressure was already recording zero. We did Manual Vacuum Aspiration (MVA) on her after which we infused the blood. We kept her on observation and she was discharged in two day hale and healthy. This is the most efficient method of saving hemorrhaging women unlike the old method of lifting the bed up to control the bleeding”.

of food they eat to check for nutritional status, means of transport for accessing health services and how pregnant women should get permission to access health services during labour.

During the visit, we learnt that women apply MacLean toothpaste on umbilical cords to stop bleeding and also give babies un-boiled water from dug-out wells to drink. We also found out that the women also drained and discarded the initial

breast milk called colostrum, thinking that it is dangerous to the infant.

We taught them that colostrums is very healthy and beneficial to the newborn and we also showed the TBA’s how to stop bleeding from the umbilical cord using mentholated spirit instead of McLean toothpaste. We also taught them to always wash their hands with soap and water even before handling the cords. On the

According to Kano State socio-demographic factsheet 2009, maternal mortality rate is 1025/100,000

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ABOUT PATHS2

The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKaid, through the UK’s Department of International Development, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders, to improve the planning, financing and delivery of sustainable health services for those in most need.

Apart from working at a Federal level, PATHS2 is working in the five States of Enugu, Jigawa, Kano, Kaduna and Lagos.

PATHS2 follows the successful PATHS1, which ran from 2002 to 2008, and was also funded by UKaid.

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