

St. Luke's International University, Tokyo Asia Africa Midwifery Research Center Newsletter 20



Early Essential Newborn Care (EENC) Seminar in Indonesia

On October 23rd, 2017, **Dr. Shigeko Horiuchi**, **Dr. Yasuko Nagamatsu**, **Dr. Kana Shimoda** and a doctoral student, **Ms. Miyuki Oka**, visited Indonesia to conduct a seminar for midwives at Syarif Hidayatullah State Islamic University.



It has been nine months since we conducted the last Early Essential Newborn Care (EENC) seminar in Tangerang hospital, Indonesia. As before, the contents of this seminar was based on the WHO standards. We reconsidered how to operate the seminar from the previous experience. At this time, we used the procedure protocol and checklist translated into Indonesian language.



Sixteen midwives who work at public hospitals participated in this seminar. This program was composed of three main sections: 1) sharing the concept of EENC, 2) simulation practice of EENC, and 3) focus group discussion. First of all, the video contents made by WHO *'First Embrace: the universal first act of love'*, was shown to the participants to tell the concept of EENC before moving to the simulation program.

The simulation program was composed of two sub sections: 1) newborn care for breathing baby, and 2) newborn care for non-breathing baby, and each section included demonstration before starting role-playing. In order to create realistic situation, we used a birthing simulator.

Participants were divided into two groups of eight, and two Indonesian and one Japanese facilitators: **Dr. Yenita Agus, Ms. Maulina Handayani, and Dr. Miyuki Oka**, who also facilitated the seminar last time, mainly facilitated those groups respectively. Before letting participants start the role-play, they demonstrated the sequence of steps to confirm the procedure regardless of the predetermined time limit. At the same time, a native Indonesian interpreter read out each procedure in accordance with the movements of those facilitators.



After that, all participants played a role as a midwife, a laboring mother, a time-keeper, and an observer by rotation within each group. In the part of care for non-breathing baby, since neonatal resuscitation should be implemented in the first minute of birth, a time-keeper accurately measured the time with a stop-watch from when the baby was delivered to when the first air was given to the baby with the Ambu bag and read out the number of seconds. During the practice, they gave feedback to each other, and also they appeared to be enjoying playing their roles.



At the end of the seminar, focus group discussion was conducted by the facilitator within each group. They discussed what and how they could incorporate EENC into their own wards, and what they found difficult to adapt it in the present clinical conditions.

This seminar differed from the previous seminar in the way that we used all materials in Indonesian language, newborn care for non-breathing baby was also included, and the Indonesian faculties mainly facilitated the practice part and Japanese members supported them.

The collaboration with Indonesia will continue to strengthen quality of midwifery care, and with keeping and repeating practice of EENC, we hope to continue with monitoring the practice in the near future.



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