Birthing simulator for training

Country of origin | Norway

Health problem addressed _

Appropriately skilled birth attendants could save the majority of the annual 350,000 maternal deaths, 99% of which occur in low-resource settings. In order to reduce the high number of unnecessary maternal and newborn deaths on the day of birth, there is an urgent need to train birth attendants and other "Frontline Health Workers" in Basic Emergency Obstetric and Newborn Care (BEmOC).

Product description _

The birthing simulator supports training in BEmOC in developing countries. It enables the instructor to create very compelling simulations of normal to more complex birthing scenarios, and is particularly suitable for training control of post-partum hemorrhage, the leading cause of maternal deaths.



Product functionality ____

Behind the birthing suit, the instructor can manually control: cervical dilation, position of the baby, delivery of the baby, delivery of placenta, bleeding (amount and nature), uterus condition, and fetal heart sounds.

Developer's claims of product benefits _

The simulator is distinctively different from other birthing simulators available on the market. It aims to respond to the needs of a supportive device that can improve quality of BEmOC as presented in "International Journal of Gynecology & Obstetrics" by being highly realistic where essential (particularly in simulating post-partum hemorrhage and uterus contraction), and culturally adapted. It facilitates effective communication training and integrated training with newborn routine care and resuscitation. It is flat packed for easy transport and storage, highly affordable, durable, and easy to use.

Operating steps ____

The simulator is strapped onto the instructor, who acts as the mother, and creates and controls the various scenarios and situations directly with his/hers hands.

Development stage _

It is offered on a not-for-profit price to the 68 countries that have been identified by UN as focus countries relative to MDG 4 and 5. It has been field tested in several countries including USA, Norway, Tanzania, and Ethiopia.

Future work and challenges _

Financing: Although the product is available on a not-for-profit basis, healthcare facilities and educational institutions in low and middle income countries often have limited financial resources.

Distribution channels: bureaucracy and often prohibitive customs rates in importing such material to the countries where the need for these products is greatest.

User and environment _

User: Family member, midwife, nurse, physician

Training: None required

Maintenance: Instructor in courses

Environment of use ____

Settings: Rural, urban, health post, health center, general hospital, specialists hospital

Requirements: No specific infrastructure requirements. Access to 3-4 liters of water would be desirable to create simulated blood and to fill the newborn simulator with water.

Product specifications _____

Dimensions (mm): 500 x 350 x 200	Retail Price (USD): 100
Weight (kg): 4.5 (filled with simulated blood),	List price (USD): 100
3.5 (empty)	Other features: Portable and reusable
Consumables: None	Year of commercialization: 2011
Life time: 3 years	Currently sold in: 68 countries that have been identified
Shelf life: 3 years	by UN as focus countries relative to MDG 4 and 5.