



Pacific Society for Reproductive Health

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PACIFIC EMERGENCY MATERNAL AND NEONATAL TRAINING (PEMNeT) OPERATIONAL FRAMEWORK

A Programme of the Pacific Society for Reproductive Health (PSRH)

2025

Endorsed by the PSRH Board: October 2025 Next Review: October 2030

Table of Contents

<i>Table of Contents</i>	<i>Error! Bookmark not defined.</i>
<i>PEMNeT Operational Framework</i>	3
1. Purpose	3
2. Scope	4
3. Governance	4
4. Sponsorship and Funding	5
5. Requesting PEMNeT Training	5
6. Pre-Training Planning	6
7. Training Delivery	7
8. Documentation, Reporting and Awarding of Certificates	8
9. Quality Assurance & Credentiailling, Roles & Responsibilities	9
10. Sustainability & Integration	12
11. Contact for Submissions and Queries	12
Appendices (Templates)	13
<i>Glossary Terms & PEMNeT Positions</i>	31



PEMNeT Operational Framework

1. Purpose

To ensure the safe, coordinated, and effective delivery of the Pacific Emergency Maternal and Neonatal Training (PEMNeT) across Pacific Island Countries, through a structured framework for planning, approval, delivery, documentation, and evaluation.

PEMNeT Training Objectives

1. **Build core clinical and teamwork competence to effectively manage obstetric emergencies.**
Deliver regular practical, simulation-based obstetric emergencies training. The training enables health professionals to integrate and practice key clinical and teamwork skills together.

Core clinical topics;

- Deteriorating patient /Modified Early Warning Score (MEWS)/Maternal collapse
- Postpartum haemorrhage (PPH)
- Sepsis
- Eclampsia
- Shoulder dystocia
- Breech
- Neonatal resuscitation

Optional clinical modules include, antepartum haemorrhage (APH), cord prolapse, manual removal of placenta (MROP) and other topics can be added according to country need.

Core non-clinical topics;

- Why mothers and babies die
- Emergency preparedness
- Teamwork and communication;
 - clear closed loop communication, structured communication tools (ISBAR)
 - clear team roles leadership and active team members, escalation and hierarchy issues
 - situational awareness and planning ahead

- use of tools ‘to make it easy to do the right thing’ e.g. PEMNeT Emergency Management Checklists (PEMC) and emergency kits

2. **Strengthen emergency preparedness at the facility Level.**

Conduct a site visit to the local hospital to assess emergency readiness, including the availability and use of emergency boxes, clinical checklists, and communication protocols for obstetric and neonatal emergencies. ‘Emergency preparedness’ is a core PEMNeT topic. Training includes the preparation and use of PEMNeT Emergency Management Checklists and emergency kits.

3. **Align PEMNeT training with Country Health Plans to decrease maternal and perinatal deaths.**

PEMNeT aligns with PIC Maternal and Perinatal Death Surveillance and Response (MPDSR) plans. PEMNeT is currently used by some PIC to fulfil the EMNOC requirement of MPDSR. PEMNeT Training is designed to be suitable for integration into country roadmaps and health plans.

‘Why mothers and babies die’ is a core PEMNeT topic. Assisting PIC to improve their maternal and perinatal mortality by integrating regular obstetric emergencies training into their in-service programme for all the multiprofessional health is central to PEMNeT’s aims.

2. Scope

This Operational Framework applies to:

- PSRH Board and its PEMNeT Sub-committee (PSC)
- PEMNeT Programme Director (PPD)
- PEMNeT Regional faculty (PRF)
- PEMNeT In-country Coordinator (PICC)
- PEMNeT External Country Coordinator (PECC)
- National Ministries of Health
- Sponsoring Partners e.g. UNFPA, PMA, SPC, RACS-PIPS, RANZCOG, Laerdal
- Education Partners e.g. PROMPT Maternity Foundation, RANZCOG, Burnett Institute
- Training Institutions that run PEMNeT as a module in their Programmes e.g. Universities, Schools/ Institutes of Nursing and Midwifery

3. Governance

- Oversight: PSRH Board of Trustees
- Leadership: PEMNeT Programme Director, PSRH Board Rep on PSC, Chair PEMNeT SC.
- Implementation: PEMNeT Sub Committee
- In-country Ownership: Local Medical and Midwifery Leads and PICC
- External PIC Support: Regional PEMNeT Faculty and PECC

*Faculty and programme report flow from country (via PICC, PECC and Faculty) to the PEMNeT Committee, which reports to the PSRH Board as per Terms of Reference (TOR).

4. Sponsorship and Funding

PEMNeT activities are supported through regional and international partnerships.

Previous and current contributors have included:

- United Nations Population Fund (**UNFPA**)
- Pasifika Medical Association (**PMA**) – New Zealand Medical Treatment Scheme
- The Pacific Community (**SPC**)
- Royal Australasian College of Surgeons – Pacific Islands Program (**RACS-PIP**)
- **Send Hope Not Flowers**

Funding Scope

Partner contributions may cover the following areas:

- **Faculty and Participant Support:** Travel, accommodation, and per diem for regional, international, and local facilitators and participants.
- **Training Delivery Costs:** Venue hire, catering, and course materials (including mannequins, consumables, and printing).
- **Programme Development:** Regional Facilitator Updates, PSRH Pre-Conference workshops, and related workshop fees.
- **Administration and Coordination:** Local logistics, communication, and reporting costs.
- **Educational Resources:** Production of printed, digital, and audiovisual training materials.

Future Partnerships

PSRH and the PEMNeT Subcommittee continue to engage with development partners, ministries of health, and NGOs to maintain and expand training delivery across the Pacific.

5. Requesting PEMNeT Training

To initiate PEMNeT training, the requesting country must:

1. **Complete** the PEMNeT Request Form, including endorsement by the Ministry of Health or Health Facility Leadership (see Appendix A).
2. **Submit** the completed form online via www.psrh.org.nz or by email to info@psrh.org.nz.

Upon receipt, the PSRH Secretariat will:

1. Forward the request to the PEMNeT Subcommittee for review, approval, and inclusion in the draft workplan for the next calendar year.

2. Liaise with potential funders on behalf of the requesting country once the activity is approved.
3. Confirm training only after both Subcommittee approval and funding are secured.

6. Pre-Training Planning

Training Models

PEMNeT training may be delivered through one of the following models:

1. **PEMNeT Course** – Introductory obstetric emergency training for multidisciplinary teams.
 - Four to six regional faculty.
 - Five days (typically two two-day courses or one three- to four-day course).
2. **Facilitator Training (TOT)** – Preparation of local facilitators to deliver PEMNeT.
 - Four regional faculty.
 - Five days (three days TOT plus two days supervised PEMNeT course).
 - Participants must have previously completed a PEMNeT course.
3. **Outer-Island Course** – Training for remote sites combined with a facility readiness visit.
 - One to two regional faculty supporting local facilitators.
 - Five days (three days training, two days site assessment).
4. **Hybrid Course** – Online preparation with shorter face-to-face sessions (in development, expected 2027).
5. **Facilitator Update** – Continuing professional development for existing local facilitators, led by Regional Faculty.
6. **Customised Training** – Adapted content based on specific country needs, as approved by the PEMNeT Subcommittee.

Participants

- Maximum 24 participants per course or TOT to ensure effective simulation practice.
- Multidisciplinary participation is encouraged (midwives, nurses, doctors, medical assistants, students, educators).
- Eligibility for Facilitator Training requires prior completion of a PEMNeT course.

Faculty Composition

- Minimum of four Regional Faculty (typically two medical and two midwifery educators).
- Local Facilitators co-teach with faculty for capacity building and sustainability.
- All training must include predominantly PEMNeT-trained facilitators.

Note please see glossary for further definition of roles within PEMNeT Programme

7. Training Delivery

Content Focus: Effectively managing obstetric emergencies as a health team.

To be an accredited PEMNeT training:

1. The Facilitator team must include predominantly trained PEMNeT Facilitators.
2. The reporting requirements need to be met. *See Section 8. Documenting Reporting and Awarding of Certificates*
3. The programme should include but is not limited to the following topics;

Core non-technical topics:

- Why mothers and babies die
- Emergency Preparedness
- Teamwork and communication

Core Clinical topics:

- Deteriorating patient/maternal collapse
- Postpartum haemorrhage
- Preeclampsia
- Sepsis
- Shoulder dystocia
- Breech
- Neonatal resuscitation

Optional to include topics, antepartum hemorrhage, cord prolapse, manual removal of placenta and other topics a country may request.

The core topics list is not meant to restrict how countries deliver the material. Note, some countries will deliver these core topics as individual topics over a number of weeks, or as a series of half day trainings.

Teaching Methods:

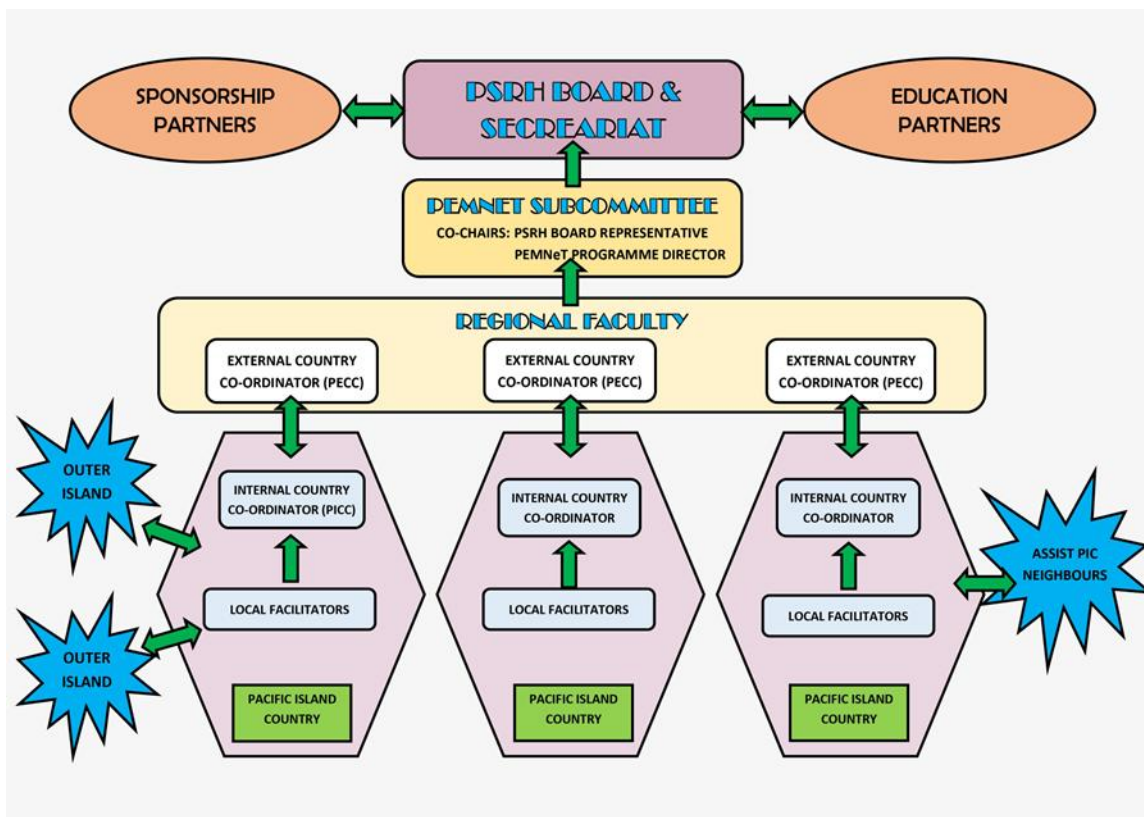
- Brief presentations, videos, case discussions
- Roleplay and practical demonstrations by facilitators
- Interactive group activities
- Targeted communication skills practice
- Coached hands-on clinical skills practice
- Simulation role play scenarios and structured debriefing integrating technical and non-technical skills.

Cultural Integration:

- Use of traditional knowledge and local customs to establish psychological safety
- PEMNET was first written predominately by Pacific Clinicians for Pacific Clinicians
- TOT model trains Local Facilitators to deliver PEMNeT. Local PEMNeT Facilitators use language adaptation and inclusion of their own context
- PEMNeT uses Pacific appropriate adult education methods, reviewed by experienced Pacific Educators and global experts - See Facilitator's Guide

8. Documentation, Reporting and Awarding of Certificates

PEMNeT Programme Reporting Lines Diagram



Minimum records for every course are attendance register and feedback forms:

1. Attendance register; *See Appendix D for template*
 - name
 - email
 - profession
 - workplace
 - photographic consent

2. Evaluation Feedback forms; *See Appendix D for template*

(Optional, but highly recommended is a brief summary of quality improvement ideas from Local Facilitator post course debrief.)

Additional reporting requirements for PEMNeT training which includes Regional Faculty are:

1. PEMNeT Training leader provides a post-course report to PEMNET Subcommittee within 30 days.
2. PEMNeT Regional Faculty Leader fulfils any PIC MOH/supporter requests for reporting.

NOTES: For Training Institutions

- Training Institutions may use PEMNeT as a Module in their programmes and award attendance certificates, but they must set their own examinations and award their own competency qualifications.

- PEMNET does not set examinations. There are no individual PEMNeT pre or post-tests.

- Facilitators coach participants and teams until the skill is mastered.

- PEMNET is a health unit team training not an individual competency assessment.

9. Quality Assurance & Credentialling, Roles & Responsibilities

Ongoing M&E supports impact assessment and programme development.

Quality Assurance of Training Resources:

PEMNeT specific training materials are continually under development. They will be formally reviewed as a whole minimum every 5 years, to ensure they align with current evidence base and recommended best practice of RANZCOG and PROMPT Maternity Foundation, our education partners.

The PEMNeT Course Manual is the PROMPT Course Manual because it is regularly reviewed by the PROMPT Maternity Foundation Editorial Committee to ensure up to date globally relevant evidence base.

Credentiailling, Roles and Responsibilities of PEMNeT Facilitators:

PEMNeT Position	Roles & Responsibilities
<p>PSC PEMNeT Sub Committee</p>	<p>Subcommittee of the PSRH Board – see TOR The Chair is appointed by the PSRH Board. The committee must include and is led by;</p> <ol style="list-style-type: none"> 1. PEMNeT Programme Director 2. PSRH Board Representative,(who reports on PEMNeT subcommittee activities at board meetings).
<p>PPD PEMNeT Programme Director</p>	<p>A clinician, appointed by PSRH who has overall responsibility for coordination and delivery of the PEMNeT programme across the Pacific. This includes;</p> <ul style="list-style-type: none"> • Coordinating reporting to PEMNeT subcommittee on programme activities • Coordinating PEMNeT work plans with PSRH secretariat and funders. • Leading Continuous professional development of Regional Faculty • Leading Regional Facilitator Updates • Coordinating quality improvement initiatives as requested. • Coordinating the development and review of PEMNeT Education Resources • Assisting PEMNeT Committee to update Operational Framework and related documents. <p>PPD and PSC Board Rep report to the PSRH Board</p>
<p>PRF PEMNeT Regional Faculty</p>	<p>Appointed by PPD these are senior PEMNeT Facilitators on a pan Pacific international faculty capable of running PEMNeT Courses/TOT in countries other than their own. PRF can also be invited onto the faculty for Regional Facilitator Updates as well as other international events.</p> <p>PRF report to PEMNeT Programme Director/PSC</p>
<p>PECC</p>	<p>External clinicians who have been identified by the PEMNeT Programme Director as able to support a specific Pacific Island</p>

<p>PEMNeT External Country Coordinator</p>	<p>Country PEMNeT Programme, and its related quality improvement activities. Ideally there is one midwifery and one medical PECC per country.</p> <p>The role includes;</p> <ul style="list-style-type: none"> ● reporting course outcomes to PEMNeT subcommittee ● running programme planning meeting and post-training team debriefing with PLF ● aligning training and guidelines ● supporting related quality improvement activities ● working in partnership with PICC including regular communication <p>PICC and PECC are together required to report update PEMNeT SC, suggested minimum twice a year.</p>
<p>PICC PEMNeT In-country Coordinator</p>	<p>Clinicians who have been appointed by their Pacific Island Country and endorsed by the PPD to lead a local PEMNeT Programme. They have overall responsibility for coordination and delivery of a PEMNeT teaching programme in their own country. Ideally there is one midwifery and one medical PICC per country.</p> <p>The role includes;</p> <ul style="list-style-type: none"> ● reporting course outcomes to PEMNeT sub-committee ● running programme planning meeting and post training team debriefing with PLF ● aligning training and guidelines ● supporting related quality improvement activities ● working in partnership with PECC including regular communication <p>PICC and PECC are together required to update PEMNeT SC, suggested minimum twice a year.</p>
<p>PLF PEMNeT Local Facilitator</p>	<p>A clinician who has themselves attended a PEMNeT Course and been invited by their country leads to attend PEMNeT Facilitator Training (TOT) and completed the training (including running a PEMNeT course directly after the workshop). PLF report to their country PICC Leaders</p>

Credentiailling Notes: Local Facilitator

- To be eligible to become a PEMNeT Local Facilitator, health worker must have attended a PEMNeT Course and a PEMNeT Facilitator Training workshop.
- are expected to facilitate every 1-2 years
- are mentored into lead roles for sustainability
- attend regional or local PEMNeT Facilitator Update Training for CPD

Credentiailling Notes: Regional Faculty

- To be eligible to be on Regional Faculty the PEMNeT Facilitator needs to be an experienced PEMNeT Facilitator and participate in international delivery of PEMNeT
- are expected to facilitate minimum every 1 -2 years
- Are mentored into lead roles by the Programme Director
- Run and attend local and regional CPD

10. Sustainability & Integration

Countries are encouraged to:

- Embed PEMNeT as annual in service in their training calendars
- Develop national PEMNeT teams, with a midwifery PICC and a medical PICC, to lead a team of Local Facilitators to run PEMNeT in their own facility and assist smaller units nearby.
- Include PEMNeT in workforce development strategies
- Seek local funding or co-funding from donors and MoH to ensure sustainability
- Release Local PEMNeT Facilitators to attend Regional Facilitator Update Events for Continuing Professional Development

11. Contact for Submissions and Queries

All communication regarding PEMNeT planning, delivery, and documentation should be directed to:

Pacific Society for Reproductive Health (PSRH)

 info@psrh.org.nz

 www.psrh.org.nz

Appendices (Templates)

APPENDIX A: PEMNeT Training Request Form



PEMNeT REQUEST FORM

Pacific Emergency Maternal and Neonatal Training

Pacific Island Country:

Health Facility Name:

Contact Person Name:

Contact Person Email:

Contact Person Phone:

Has this location had PEMNeT training before? YES NO Years?

Proposed Training Dates (Most training requires 5 days/1 week minimum):

Reasons for request

1. Why do you want this training?

2. What are your goals for the training?

3. How does training align with your country plan to decrease maternal /perinatal mortality?
(For example is it part of your RMNCAH or WHO MPDSR plan?)

Type of training requested – PLEASE TICK ONE

- PEMNeT Course – Obstetric emergency training for your whole health team
- PEMNeT Facilitator Training (TOT) – Training for your local leaders to run PEMNeT
- PEMNeT Outer Island Course – PEMNeT Course & site visit for remote health units
- PEMNeT Facilitator Update – In-service training for your PEMNeT Local Facilitators
- Customised Training – PEMNeT can customise at country request

Proposed Budget

External Costs (PSRH will add):

Item	Cost	Number Faculty	Total Item Cost
Airfares			
Accommodation			
In country transport			
Per diem			
Course materials			
Mannequins			
GRAND TOTAL			

Domestic Costs (Host country to add approximate costs):

Item	Cost	Number Participants	Total Item Cost
Venue hire			
Catering			
Internal travel			
Accommodation			
Per diem			
GRAND TOTAL			

Endorsement statement – MUST BE COMPLETED

Name:

Title/Position:

Ministry of Health/Organization:

Dear PSRH Board Secretariat,

I endorse our maternity health team request for PEMNeT Emergency Maternal and Neonatal Training to support our country plan to decrease maternal and perinatal mortality.

I understand this request will be reviewed by the PSRH PEMNeT subcommittee, and added to the PEMNeT work plan for the upcoming calendar year.

I understand the PSRH secretariat will liaise with potential sponsors for both international and domestic budget on our behalf, and that training can only be confirmed once funding has been secured.

Yours sincerely,

Signature: _____ Date: _____

APPENDIX B: Example Programme 1: Whole Country PEMNeT Course

Note; 5-day course:1 day unit visit and orientation, 2 2day courses

PEMNeT Course – 2 days

Day 1	Open of Day	Workshop Convenor
	Introductions/ PEMNeT update Presentation, groupwork and exercises <ul style="list-style-type: none"> • Why mothers and babies die • Emergency Preparedness 	
	<i>Morning tea / coconut cracker</i>	
	Presentation, groupwork and exercises <ul style="list-style-type: none"> • Communication • Teamwork 	
	<i>Lunch</i>	
	Demonstrations and Hands on skills stations <ul style="list-style-type: none"> • Shoulder dystocia • Breech • Helping babies breathe 	
	<i>Afternoon Tea</i>	
	Close of day	Workshop Convenor

Day 2	Open of Day	Workshop Convenor
	Recap Day 1 Presentations and exercises <ul style="list-style-type: none"> • Avoiding maternal collapse/MEWS/ detecting the deteriorating patient • Sepsis emergency management 	
	<i>Morning tea</i>	
	<ul style="list-style-type: none"> • PET/ Eclampsia emergency management • PPH emergency management 	
	<i>Lunch</i>	
	Roleplay rehearsals and presentations. <ul style="list-style-type: none"> • Group 1- Sepsis • Group 2- Eclampsia • Group3 - PPH 	
	<i>Afternoon Tea/ Feedback forms and discussion /Coconut cracker</i>	LOC/Workshop Convenor lead verbal feedback session

	<i>Certificates presentation</i>	Faculty
	<i>Close of day</i>	Workshop Convenor

APPENDIX B: Example Programme 2: PEMNeT Facilitators' Training Workshop (TOT)

Pacific Emergency Maternal and Neonatal Training Course PROGRAMME

Course 1: PEMNeT Facilitator Training (TOT) -3 days

Monday - Wednesday

Course 2: PEMNeT Course – 2 days (run by the new local Facilitators)

Thursday - Friday

Working Breakfast Meeting - Country PEMNeT Workplan Presentation

Saturday

Purpose: Consolidate learning, gather feedback, and confirm country workplan.

Suggested Agenda:

- Summary of participant and local facilitator feedback
- Faculty and LOC reflections
- MOH priorities for local PEMNeT delivery
- Country workplan for next 12–24 months

Suggested Attendees:

- Visiting faculty
- LOC and new facilitators
- Key MOH staff and funders
- Other relevant stakeholders

PEMNeT Facilitator Training Update

Monday (Day1)

	Open of Day	Workshop Convenor
	<p>Introductions</p> <p>Introduction to Adult Education in the Pacific. PEMNeT How to Facilitator Guide</p> <p>Topics for course then demonstrated by Faculty with commentary on how and why we are doing it this way.</p> <p>Presentation, groupwork and exercises</p> <ul style="list-style-type: none"> • Why mothers and babies die • Emergency Preparedness 	
	<i>Morning tea / coconut cracker</i>	
	<p>Presentation, groupwork and exercises</p> <ul style="list-style-type: none"> • Communication • Teamwork 	All involved in exercises and demos
	<i>Lunch</i>	
	<p>Demonstrations and Hands on skills stations</p> <ul style="list-style-type: none"> • Shoulder dystocia (SD) • Breech • Helping babies breathe 	SD, Breech Helping babies breathe
	<i>Afternoon Tea</i>	
	Close of day	Workshop Convenor

Tuesday (Day 2)

	Open of Day	Workshop Convenor
	<p>Recap Day 1</p> <p>Presentations and exercises</p> <ul style="list-style-type: none"> • Avoiding maternal collapse/MEWS/ detecting the deteriorating patient • Sepsis emergency management 	MEWS/ collapse
	<i>Morning tea</i>	
	<ul style="list-style-type: none"> • PET/ Eclampsia emergency management • PPH emergency management 	
	<i>Lunch</i>	
	<p>Roleplay rehearsals and presentations</p> <ul style="list-style-type: none"> • Group 1- Sepsis • Group 2- Eclampsia 	Sepsis 6 Eclampsia

	• Group3 – PPH	PPH
	<i>Afternoon tea</i>	
	<i>Close of day</i>	Workshop Convenor

Wednesday (Day3) Rehearsal for Course

	Open of Day	Workshop Convenor
	Recap Day 2 Course planning and logistics Programme to finalised and printed	Whole group session
	<i>Morning tea</i>	
	Rehearsal skills stations	Faculty to coach country facilitators on their topic
	<i>Lunch</i>	
	Rehearsal topic presentations	Faculty to coach country facilitators on their topic
	<i>Afternoon tea</i>	
	Rehearsal scenarios and talanoa debrief Set up venue and Registration Desk Course Materials	Faculty to coach country facilitators on their topic
	<i>Close of day</i>	Workshop Convenor

PEMNeT Course

Thursday

	Open of Day	Workshop Convenor
	Introductions/ PEMNeT update Presentation, groupwork and exercises <ul style="list-style-type: none"> • Why mothers and babies die • Emergency Preparedness 	
	<i>Morning tea / coconut cracker</i>	
	Presentation, groupwork and exercises <ul style="list-style-type: none"> • Communication • Teamwork 	
	<i>Lunch</i>	
	Demonstrations and Hands on skills stations <ul style="list-style-type: none"> • Shoulder dystocia • Breech • Helping babies breathe 	
	<i>Afternoon Tea at an appropriate time in afternoon</i>	
	<i>Close of day</i>	Workshop Convenor

Friday

	Open of Day	Workshop Convenor
	Recap Day 1 Presentations and exercises <ul style="list-style-type: none"> • Avoiding maternal collapse/MEWS/ detecting the deteriorating patient • Sepsis emergency management 	
	<i>Morning tea</i>	
	<ul style="list-style-type: none"> • PET/ Eclampsia emergency management • PPH emergency management 	
	<i>Lunch</i>	
	Roleplay rehearsals and presentations. <ul style="list-style-type: none"> • Group 1- Sepsis • Group 2- Eclampsia • Group3 - PPH 	
	<i>Afternoon Tea/ Feedback forms and discussion /Coconut cracker at an appropriate time in afternoon</i>	LOC/Workshop Convenor leads verbal feedback session
	<i>Certificates presentation</i>	Faculty
	<i>Close of day</i>	Workshop Convenor

Saturday Working Breakfast Meeting

	Open of meeting	Workshop Convenor
	Agenda; Summary of participant feedback Local Facilitator Feedback Overseas Faculty/LOC Feedback MOH priorities for Local PEMNeT Workplan for the next 12-24 months for the PIC	Suggested Meeting attendees; Overseas faculty LOC Local PEMNeT Facilitators LOC to decide list and invite Key MOH staff Key funders Any other appropriate stake holders.
TBA	<i>Breakfast at an appropriate time</i>	

APPENDIX B: Example Programme 3: PEMNeT Outer Island Course - 5 days

Note: 2-3 days course 1- 2days site quality improvement

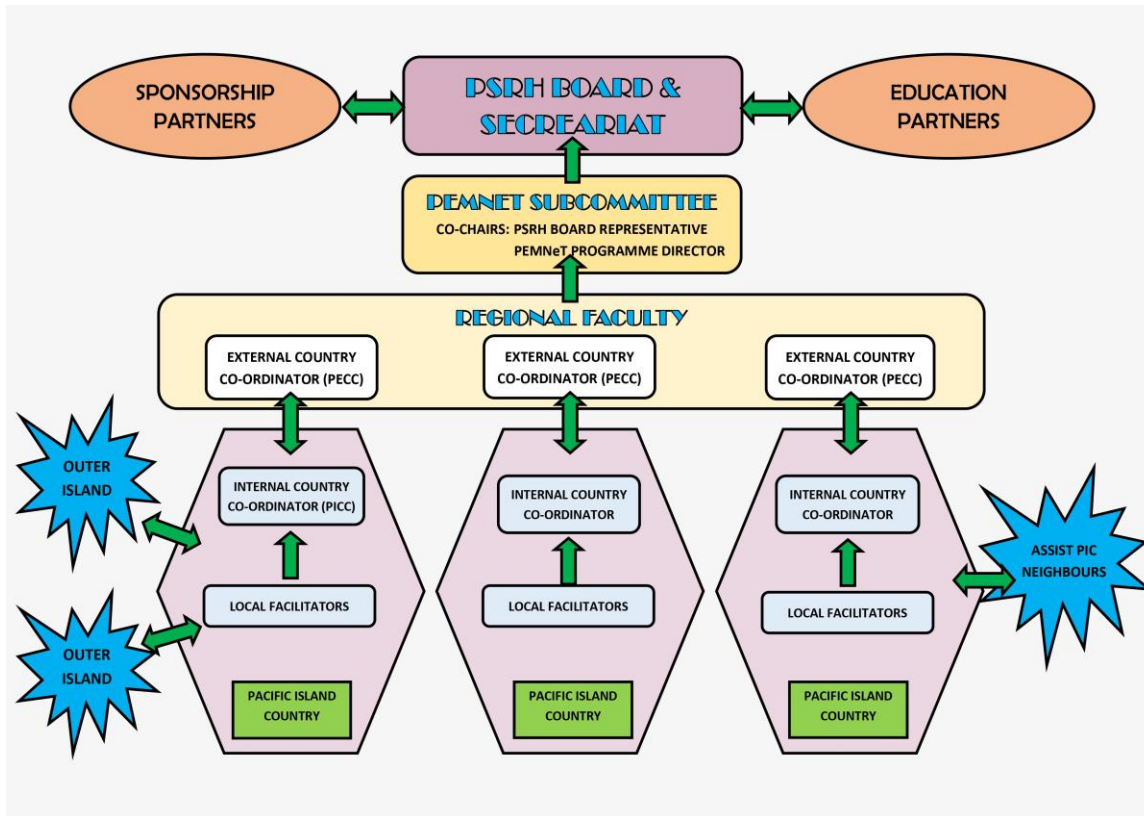
Time	Item	Person responsible
AM	Registration and Open of Day	Workshop Convenor
	Welcome introductions	
	PEMNeT introduction and update	
	<u>Why mothers and babies die</u> presentation Emergency preparedness presentation Group activities during presentation <ul style="list-style-type: none"> • Why mothers and babies die (Options: major causes and 3 delays) • Group activities on emergency preparedness 	
	<i>Morning tea / coconut cracker</i>	
	<u>Teamwork</u> presentation with facilitators demo role plays: Group activities <ul style="list-style-type: none"> • Building blocks • ISBAR group work • Wrong kidney teamwork 	
	<i>Lunch</i>	
	<u>Shoulder dystocia</u> (presentation and then practical in groups)	
	<u>Breech</u> (presentation and then practical in groups)	
	<i>Afternoon Tea & Coconut cracker</i>	
	<u>Helping babies breathe</u> (presentation and then practical in groups)	
	Close of the day	Workshop Convenor
PM	<i>Finish for Day 1</i>	

Friday PEMNeT Course

Time	Item	Person responsible
AM	Registration Recap of previous day and lessons learnt	Faculty
	<u>Sepsis, deteriorating patient, MEWS, Collapse</u> presentation and activity (MEWS BINGO)	
	<u>PPH</u> presentation and activity (estimate the blood loss)	
	<i>Morning Tea</i>	
	<u>Preeclampsia and Eclampsia</u> presentation and activity (write the signs and symptoms)	
	<i>Lunch</i>	

	Preparation for scenario role plays <ul style="list-style-type: none"> • Introduce the role plays and how to do it • Break into 3 groups 	
	Role plays of participants <ul style="list-style-type: none"> • PET / Eclampsia • PPH • Sepsis 	All participants
<i>Afternoon Tea & Coconut cracker e.g. Balloon exercise</i>		
	Feedback forms	
	Certificates	Faculty
CLOSING	Close of the day	

APPENDIX C: PEMNeT Organisation Structure Diagram & Table of Roles & Responsibilities



PEMNeT Position	Roles & Responsibilities
PSC PEMNeT Sub Committee	Subcommittee of the PSRH Board – see TOR The Chair is appointed by the PSRH Board. The committee must include and is led by; <ol style="list-style-type: none"> 3. PEMNeT Programme Director 4. PSRH Board Representative ,(who reports on PEMNeT subcommittee activities at board meetings).
PPD PEMNeT Programme Director	A clinician, appointed by PSRH who has overall responsibility for coordination and delivery of the PEMNeT programme across the Pacific. This includes; <ul style="list-style-type: none"> • Coordinating reporting to PEMNeT subcommittee on programme activities • Coordinating PEMNeT work plans with PSRH secretariat and funders. • Leading Continuous professional development of Regional Faculty • Leading Regional Facilitator Updates • Coordinating quality improvement initiatives as requested. • Coordinating the development and review of PEMNeT Education Resources • Assisting PEMNeT Committee to update SOP and related documents. <p>PPD and PSC Board Rep report to the PSRH Board</p>
PRF PEMNeT Regional Faculty	Appointed by PPD these are senior PEMNeT Facilitators on a pan Pacific international faculty capable of running PEMNeT Courses/ TOT in countries other than their own. PRF can also be invited onto the faculty for Regional Facilitator Updates as well as other international events. <p>PRF report to PEMNeT Programme Director / PSC</p>
PECC PEMNeT External Country Coordinator	External clinicians who have been identified by the PEMNeT Programme Director as able to support a specific Pacific Island Country PEMNeT Programme, and its related quality improvement activities. Ideally there is one midwifery and one medical PECC per country. <p>The role includes;</p> <ul style="list-style-type: none"> • reporting course outcomes to PEMNeT subcommittee • running programme planning meeting and post training team debriefing with PLF • aligning training and guidelines • supporting related quality improvement activities

	<ul style="list-style-type: none"> working in partnership with PICC including regular communication <p>PICC and PECC are together required to report update PEMNeT SC, suggested minimum twice a year.</p>
<p>PICC PEMNeT In-country Coordinator</p>	<p>Clinicians who have been appointed by their Pacific Island Country and endorsed by the PPD to lead a local PEMNeT Programme.</p> <p>They have overall responsibility for coordination and delivery of a PEMNeT teaching programme in their own country. Ideally there is one midwifery and one medical PICC per country.</p> <p>The role includes;</p> <ul style="list-style-type: none"> reporting course outcomes to PEMNeT subcommittee running programme planning meeting and post training team debriefing with PLF aligning training and guidelines supporting related quality improvement activities working in partnership with PECC including regular communication <p>PICC and PECC are together required to report/ update PEMNeT SC, suggested minimum twice a year.</p>
<p>PLF PEMNeT Local Facilitator</p>	<p>A clinician who has themselves attended a PEMNeT Course and been invited by their country leads to attend PEMNeT Facilitator Training (TOT) and completed the training (including running a PEMNeT course directly after the workshop).</p> <p>PLF report to their country PICC Leaders</p>



CERTIFICATE
PEMNeT PARTICIPANT

This certificate is proudly presented to _____

Participant of the _____
Pacific Eastern Perinatal and Neonatal Training
COURSE.

Date: _____
Venue: _____
Sponsor: _____

Leader Facilitator Training



CERTIFICATE
PEMNeT FACILITATOR

This certificate is proudly presented to _____

Participant of the _____
Pacific Eastern Perinatal and Neonatal Training
COURSE.

Date: _____
Venue: _____
Sponsor: _____

Leader Facilitator Training

CERTIFICATE PEMNeT PARTICIPANT

This certificate is proudly presented to

_____ in
Pacific and Neonatal Training
FACILITATOR TRAINING WORKSHOP

Date: _____

Venue: _____

Sponsors: _____

Leader Facilitator Training

CERTIFICATE PEMNeT FACILITATOR

This certificate is proudly presented to

_____ as faculty for:
Pacific and Neonatal Training
FACILITATOR TRAINING WORKSHOP

Date: _____

Venue: _____

Sponsor: _____

Leader Facilitator Training



FEEDBACK FORM - PEMNeT Course

Date _____ Venue _____

Country _____

Please complete this evaluation form so we can improve our future PEMNeT Courses.

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
The course has updated my knowledge on the reasons why mothers and newborns die.					
The course has updated my knowledge on management of mother and newborn emergencies.					
The course has helped me improve my clinical skills in managing mother and newborn emergencies.					
The course has helped me improve my teamwork and communication skills.					
The course has improved my confidence in emergencies.					
I have learnt what I hoped to learn from this course					
The 'hands on' course style of demonstrations, group work, skills practice and role plays helped me to learn.					
Sessions and cases used were relevant to my work.					
The length of each session was appropriate.					
There was enough time for questions and discussion.					
The venue was satisfactory for learning.					
I got enough information about the course before it started.					
I would recommend this course to others.					

List what you have learnt from this workshop that you can use to improve services in your health facility.

1. _____
2. _____
3. _____

What other topics do you want in a future workshop?

What advice do you have for the course organisers for the next workshop?

If you have any other general comments or need more space, please write on the back of this form.



FEEDBACK FORM - PEMNeT Facilitators' Workshop

Date _____ Venue _____

Country _____

Please complete this evaluation form so we can improve our future Facilitator Training (TOT) Workshops

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
The workshop has improved my understanding of 'hands on' emergency training in preventing mother and baby deaths.					
The workshop has improved my understanding about the best ways for adults to learn and update clinical skills.					
The workshop has improved my understanding of why it is important to make a safe learning environment.					
The workshop has improved my knowledge about the importance of teamwork and communication in emergencies.					
There was enough information on how to run different types of training sessions.					
There was enough time to practice running the different types of training sessions.					
The workshop has shown me how to use the Facilitators Guide to plan our own PEMNeT Courses.					
I have learnt what I hoped to learn from this course.					
The length of each session was appropriate.					
There was enough time for questions and discussion.					
The venue was a satisfactory environment for learning.					
I got enough information about the course before it started.					
I would recommend this course to others.					

List what you have learnt from this workshop that you can use to improve obstetric emergency training in your Pacific Island Country /health facility.

1. _____
2. _____
3. _____

What other training topics do you want in a future PEMNeT Facilitators' Training Update / Workshop?

What advice do you have for the course organisers for this type of Facilitators' Training Workshop?

If you have any other general comments or need more space, please write on the back of this form.



ATTENDANCE REGISTER – PEMNeT Course

Date: _____ Venue: _____ Country: _____

Name	Email	Profession	Work place	Photo consent Please sign



ATTENDANCE REGISTER – PEMNeT Facilitators' Workshop

Date: _____ Venue: _____ Country: _____

Name	Email	Profession	Work place	Photo consent Please sign

Glossary Terms & PEMNeT Positions

PEMNeT POSITIONS	ROLES AND REPORTING LINES
<p>PSC PEMNeT Sub Committee</p>	<p>Subcommittee of the PSRH Board – see TOR The Chair is appointed by the PSRH Board. The committee must include a PSRH Board Representative, who reports on PEMNeT subcommittee activities at Board Meetings.</p>
<p>PPD PEMNeT Programme Director</p>	<p>A clinician, appointed by PSRH who has overall responsibility for coordination and delivery of the PEMNeT programme across the Pacific. This includes;</p> <ul style="list-style-type: none"> • Coordinating reporting to PEMNeT subcommittee on programme activities • Coordinating PEMNeT work plans with PSRH secretariat and funders • Leading CPD /development of Regional Faculty • Leading Regional Facilitator Updates • Coordinating quality improvement initiatives as requested. • Coordinating the development and review of PEMNeT Education Resources • Assisting PEMNeT Committee to update Operational Framework and related documents. <p>PPD and PSC Board Rep report to the PSRH Board</p>
<p>PRF PEMNeT Regional Faculty</p>	<p>Appointed by PPD these are senior PEMNeT Facilitators on pan Pacific international Faculty capable of running PEMNeT Courses/ TOT in countries other than their own. PRF can be invited on Faculty for Regional Facilitator Updates as well as other international events.</p> <p>PRF report to PEMNeT Programme Director / PSC</p>
<p>PECC PEMNeT External Country Coordinator</p>	<p>External clinicians who have been identified by the PEMNeT Programme Director as able to support a specific Pacific Island Country PEMNeT Programme, and its related quality improvement activities. Ideally there is one midwifery and one medical PECC per country.</p> <p>The role includes;</p>

	<ul style="list-style-type: none"> • reporting course outcomes to PEMNeT subcommittee • running programme planning meeting and post training team debriefing with PLF • aligning training and guidelines • supporting related quality improvement activities • working in partnership with PICC including regular communication <p>PICC and PECC are together required to report update PSC, suggested minimum twice a year.</p>
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<p>GLOSSARY of other terms</p>	
<p>ANC Antenatal Care</p>	<p>Health care provided to women during pregnancy to ensure the best health conditions for both mother and baby.</p>

Education Partner	These organisations support the PEMNeT programme development and delivery e.g., PROMPT RANZCOG
EmNOC Emergency Neonatal Obstetric Care Course	Courses run on medical interventions provided to manage obstetric emergencies such as PPH, eclampsia, obstructed labor.
ISBAR	A structured communication framework used in clinical handovers: Introduction, Situation, Background, Assessment, Recommendation
Maternal Mortality	The death of a woman during pregnancy or within 42 days of the end of pregnancy from a pregnancy-related cause.
MPDSR Maternal and Perinatal Death Surveillance and Response	This is a WHO led plan to assist countries to decrease maternal and perinatal deaths
MEWS Modified Early Warning Score	A tool used to monitor patient observations and identify early signs of clinical deterioration.
PEMC PEMNeT Emergency Management Checklists	One page easy to use checklist of simple steps to manage an emergency. These are best kept where they will be needed e.g. in emergency box or trolley
PPH Postpartum Haemorrhage	Excessive bleeding after childbirth, one of the leading causes of maternal death.
PIC Pacific Island Country	Pacific Island Country
PROMPT Practical Obstetric Multi Professional Training	Education partner. PROMPT Maternity foundation is a Registered UK Charity with whom the PSRH Board has signed an MOU allowing use and adaption of their evidence based global resources in the PEMNeT Programme
RANZCOG Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Education partner and Regional O&G Professional body which supports PSRH Board and PEMNeT Programme via the Global Health Committee including a Rep on PSRH Board
RMNCAH Rural Maternal Child and Adolescent Health	This organisation often has PIC in country responsibility for implementing the MPDSR plan
Sponsoring (Partner) Organisation	Sponsoring organisations are institutions that deliver funding to run PEMNeT courses and/or TOT courses. Sponsoring organisations include, but are not limited to, ministries of health, hospitals, universities, and non-governmental organisation

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