

PEMNeT Update

Pacific Emergency Maternal and Neonatal Training

Tonga Friday 18 9 2026



Introducing our PEMNeT Team

It is all about the people!



Tim in the Pacific- PSRH Auckland 2009



Tim's Pacific legacy



Tim was fun!



Haere ra e Tim

**Kua hinga te totara i te waonui a
Tane, ka tangi hotuhotu nga manu.**

*The great totara tree from the forest of
Tane has fallen and the birds cry with its
passing.*

**Moe mai ra e te Rangatira, e ora tonu
ana i o mahi hirahira.**

*Rest peacefully great chief, your important
work lives on.*



PEMNeT Strengths: Ikale Tahī – Sea Eagle

2 strong wings needed to soar !

Knowledge and **technical skills** are not enough on their own. **Non-technical skills** including communication skills and **respectful** team working are essential for effectively managing emergencies.



PEMNeT Strengths:

Teamwork - The beating heart of PEMNeT



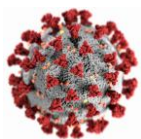
We don't expect sports teams to do well if they don't practice their teamwork and sports skills together.

It is the same in our health teams. We will work better together in an emergency if we practice our skills and teamwork together regularly.





- * 2016 Samoa,
- * 2016 Kiribati
- * 2017 Kiritimati
- * 2018 Vanuatu



- * 2023 Tuvalu
- * 2023 & 2024 Tonga
- * 2024 Kiribati
- * 2025 Kiritimati
- * 2025 Vanuatu.
- * 2026 Cook islands
- * 2026 FSM Pohnpei, Chuk

Countries are making
PEMNeT their own!





Pacific Emergency Maternal and Neonatal Training (PEMNeT)

PSRH Board Priorities for the Future

PEMNeT Regional Sustainability Plan

Tonga Friday 18 9 2026



PSRH Priority 1. Grow Pacific Leadership

More local facilitators, champions, mentors and researchers

PEMNeT RSP- Development of the Regional PEMNeT Facilitator workforce

- * Develop regional approach to facilitator training and ongoing CPD for Local PEMNeT Facilitators via Regional Facilitator training/update events.
- * Develop Regional (internationally capable) Faculty
 - * Suitable Pacific based faculty to become PICC (PEMNeT Internal Country Coordinators) and support neighbouring PIC.
 - * Suitable AUS/NZ based faculty (RANZCOG Fellows /Midwife Educators) to become PECC (PEMNeT External Country Coordinators) to support a PIC or region
 - * Development strategy annual update/training meeting for senior faculty in conjunction with BGM or PSRH Board Meeting or Regional Facilitator training event.

PSRH Priority 2 . Strengthen country ownership

Embed PSRH programmes into national plans, services and CPD

PEMNeT RSP: Training types to assist PIC to embed PEMNeT as annual CPD

- * PEMNeT Courses, PEMNeT TOT , PEMNeT Outer Island Course/ site assessment

Provision of training resources to enable PIC can run their own programme

- * Simulation resources; low cost portable lightweight mannequins/ simple props/storage crates
- * Workshop Resources

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Provision of training resources to enable PIC can run their own programme

- * Simulation resources; low cost portable lightweight mannequins/ simple props/storage crates etc
- * Education Resources; laminated posters/ manuals/checklists etc
- * Samoa has successfully embedded the **Perinatal Emergency Training (PMET)** framework by integrating it into existing Ministry of Health credentialing and quality assurance processes . The program has fostered a multidisciplinary network between obstetricians, pediatricians, and ICU/NICU teams to improve emergency response.

PSRH Priority 2 . Strengthen country ownership

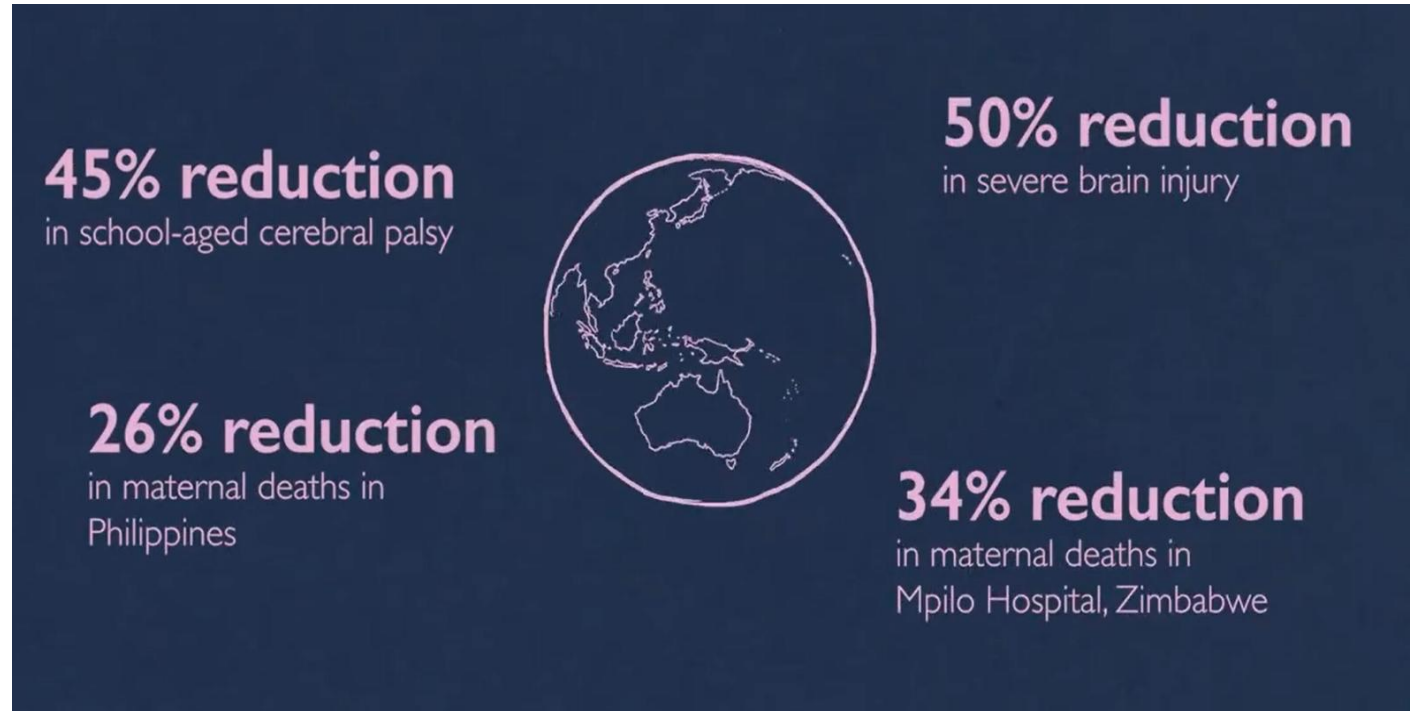
- * **Sustainability Strategies**
- * **Integration with Existing Frameworks:** Rather than seeking new funding, the program utilized existing midwife credentialing platforms and budgets .
- * **Quality Assurance (QA) Integration:** PMET is used as a guiding principle for reviewing "near-miss" cases in wards to identify management gaps in a non-judgmental environment .
- * **Mandatory Certification:** PMET certification is required for registrars completing O&G rotations before they can work in district hospitals or other islands .
- * **Professional Incentives:** Certification is linked to **CAD points** used for annual practice renewals.

PSRH Priority 3. Measure impact

Common indicators for training practice change, quality and outcomes

Is PEMNeT clinically effective?

- * PEMNeT is modeled on the PROMPT Maternity Foundation's approach, which has shown measurable reductions in maternal mortality and perinatal morbidity when the whole maternity team attends annually.
- * This evidence underscores the effectiveness and value of such training programs.



<https://www.youtube.com/watch?v=mV59uBosD50>

Feedback/ Audit/ Research- a work in progress

We were invited by a MOH to run PEMNeT courses for the whole maternity workforce as part of their MPDSR Action plan. Many of the maternal deaths had been from sepsis. About a month after the training a health professional messaged very excited to say.

“ We had a case of sepsis in the weekend and I am so proud of our teams response, we got the sepsis 6 done in the first hour and the teamwork was great. We saved her life. Thank you PEMNeT team”

Sepsis in Pregnancy and Postpartum
PEMNeT Emergency Management Checklist

IS THIS SEPSIS?

1. Does the woman look unwell or has MEWS been triggered? YES NO
2. Do you think she has an infection? YES NO

Check: chest, breast, abdomen, wound, uterus, genital tract, urine

If YES for both 1 and 2, then **ASSESS SEPSIS RISK (below)**

ASSESS SEPSIS RISK

Temperature $>38^{\circ}\text{C}$ or $<36^{\circ}\text{C}$: shivering, fever or very cold

Altered mental state or behavior: confusion

Respiratory rate >25 breaths/min: short of breath, cyanosis

Heart rate >100 beats/min: fast heart rate

Systolic BP <90 mmHg: pale, clammy, sweaty, feeling faint/dizzy

New onset of pain: extreme pain or discomfort

Any TICKS ☒ Do the **SEPSIS SIX** Plus 2 (below)

SEPSIS SIX

1. Senior Help Call for senior help to confirm sepsis (consider other diagnosis)
2. Oxygen High flow: (Aim for oxygen sats $>95\%$ if monitor available)
3. IV access, take bloods: blood cultures, FBC, renal & liver function.
4. IV antibiotics: Max dose, broad spectrum. Use local policy. Check allergies. (Use caution in severe PET)
5. IV fluids Give IV fluid challenge: 500 mL over 15 mins.
6. Monitor Record vital signs (on MEWS). Measure urine output.

Plus 2: Do we need to empty the uterus? What about VTE prophylaxis?

REASSESS

No improvement after 1 hour call for senior review

Septic shock? Systolic BP <90 mmHg after SEPSIS SIX

Escalate to critical care/anaesthetist or arrange transfer to base hospital

Patient stabilized. Chart observations regularly (on MEWS) RR, SaO₂

Plan ongoing care

Audit/ Research- a work in progress

- * new members invited onto committee with a research focus- but we need more!
- * Our urgent need for research 'Hot topic' of discussion in PEMNeT Subcommittee
- * Collaboration with PROMPT Maternity Foundation offering use programme audit tool and impact expertise.
- * Talanoa – Breakfast Meeting and in our breaks
- * Some great new ideas and potential partnerships.
- * Wero- Present PEMNeT Research at next Conference

PSRH Priority 4. Expand strategic partnerships

Align resources without losing Pacific Leadership.



Partnership with PROMPT Global

- * PROMPT- PSRH Memorandum of understanding 2023
- * Access to latest updates and global evidence based resources to adapt for the Pacific
- * Keeping our Pacific flavour and PEMNeT Style



PSRH Priority 5. Invest in the next generation

Students early career clinicians, midwives and emerging leaders

New, dedicated spaces for practice

Pacific SMILE will partner with schools, universities and midwifery teachers in 6 Pacific countries to create new and lasting simulation labs. These spaces will be used for training in midwifery, nursing, medicine, and Pacific Emergency Maternal and Neonatal Training (PEMNeT). They'll be available for those in-training as well as those already working in the field.

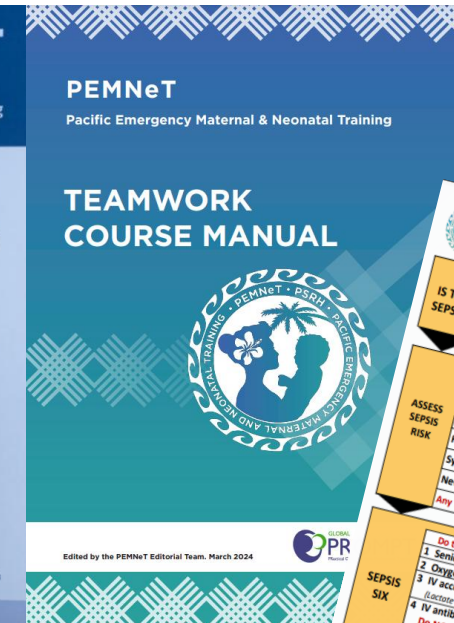
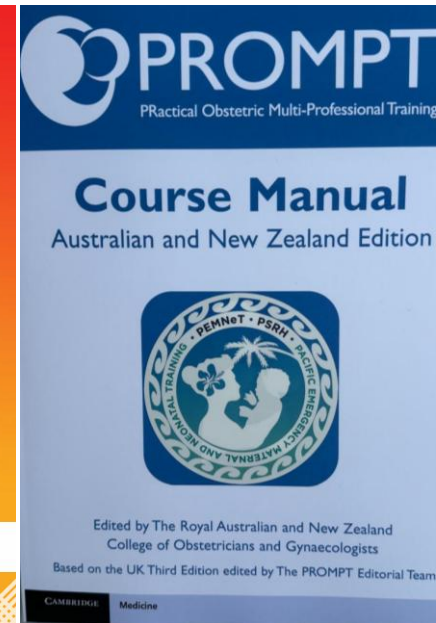
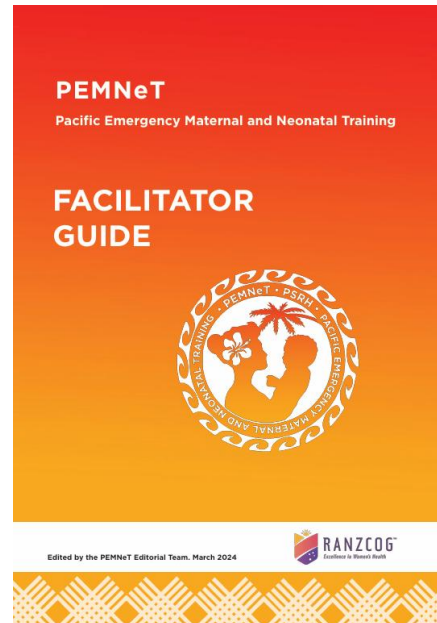
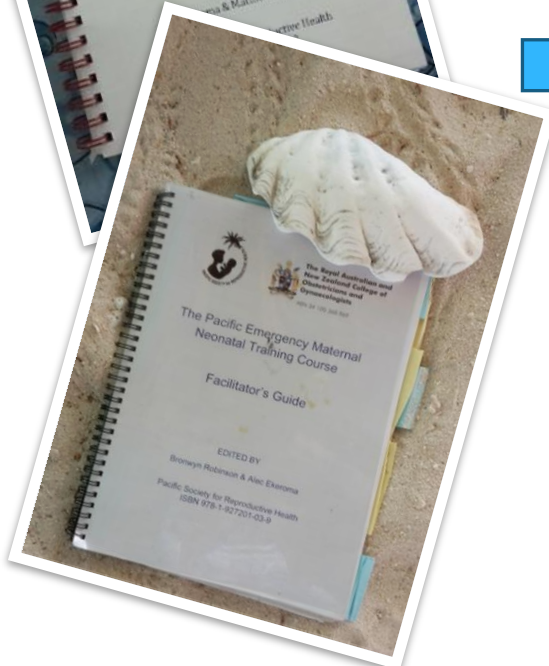
- * Midwives will graduate with a good grounding in obstetric emergency skills and teamwork and then continue to develop their skills with an inservice refresher each year.
- * Educational philosophies about use of simulation, for learning technical skills, and 'non technical skills- teamwork, communication, and respectful care align



PSRH Priority 6. Protect the Pacific voice

Ensure our regional agenda remains grounded in Pacific realities.

PEMNeT Resource Development Adapted for the Pacific



PEMNeT Style

- * Respect and use participants' experience
- * Make it relevant to the work we do
- * **Make it easy to learn**
- * **Practice Practice Practice**
- * Make it fun –cultural night!



Thank you TONGAN PEMNeT Team



PEMNeT Regional Sustainability Plan

Regional 'Hub and Spoke' roll out strategy

- * Polynesia - hub Samoa
- * Micronesia- hub Tarawa Kiribati
- * Melanesia- Each large PIC has internal hub (capital) with spokes to outer islands

Training types to assist PIC to embed PEMNeT as annual CPD

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PEMNeT PSRH

* Benefits

- * Teamwork / safety / good evidence available from other countries (UK – PROMPT)
- * Local champions with external support (in the beginning) then phasing out external support
- * Multidisciplinary team work / communication / ongoing staff satisfaction
- * Implementation / education program / implement observation charts etc

* Barriers

- * Facilitators / staff
- * Funding
- * Hard to get funds without research !
- * No published research about PEMNeT in Pacific

* How to overcome these barriers

- * Train more facilitators
- * Local champions
- * Where to get funds
 - * MoH (Samoa annual training)/ external partners / Laerdal have grants for equipment (but we missed out as we have no published research)
 - * Get money from MoH – redirect funds from other areas (**MPDSR** / Midwifery training / Schools)
 - * Others – UNFPA / PMA
- * PLEASE join the PEMNeT subcommittee - monthly meetings

PEMNeT PSRH

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- * Midwifery / medical council require training annual – via MoH

Date	Country	Training	Participant	Faculty	Funder
2024-Sept	Tonga	TOT Course	25 (TOT-11 Course -13)	Sharron Bolitho (L), Rebecca Mitchell, Litiana Tatukivei	PMA NZMTS
2025	Vanuatu	TOT- Course -	24 (TOT- 12 Course –12)	Sharron Bolitho (L), Litiana Tatukivei, Beatle Treadwell, Jenny Mc Dougal	PMA NZMTS
2025	Kiritimati (plus post course outreach to Wasinghton /Fanning)	Remote/ Outer Islands Course	17	Rebecca Mitchell (L), Logomai Lualua Kiarere Tiamon Keang Karaiti (Toonga Tieei- Washington/Fanning)	PMA NZMTS
2026-April	Cook Islands	Course x2 Rarotonga	33	Sharron Bolitho (L), Amanda Noovao- Hill, Litiana Tatukivei Noemi Gulliver, Lana Hughes, Salote Vue Tubakibau (locum)	UNFPA
2026-July	FSM Pohnpei Chuk	Course x2 x2 locations	47 Pohnpei-15 Chuk- 32	Pohnpei- Rebecca Mitchell (L), Keang Karaiti, Chuk- Kiarere Tiamon, Litiana Tatukivai	UNFPA
2026-July	Lautoka, Fiji	TOT Course	26 (TOT- 11 Course –15)	Rebecca Mitchell (L)	NZSOG
2026 - August	Vanuatu Northern Provinces	TOT	11	Dr Margaret Susan Tavi Beatle Treadwell	UNFPA
TOTAL			183		