

CASE STUDY

Successfully Providing Essential Newborn Care for Term and Premature Babies: A Midwife's Perspective

With support from the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Kyenjojo Hospital in Western Uganda is saving newborn lives by implementing evidence-based practices for the care of term and pre-term babies. Using quality improvement methods to change processes of care delivery, health care providers at Kyenjojo Hospital have introduced life-saving interventions that can be sustained by the hospital without external resources. In a period of three months, five premature babies have been saved using the kangaroo mother care method. Newborn deaths at the hospital have reduced from five in July 2013 to two deaths in September 2013 and only one death in October 2013. The number of newborns getting infections has also been reduced from about five newborn infections per month, to none since September 2013.

Kyenjojo Hospital in Western Uganda has registered great improvement in saving term and pre-term babies through providing a comprehensive essential newborn care package that includes immediate skin-to-skin contact, immediate and exclusive breastfeeding, cord care, eye care with tetracycline ointment, injection of vitamin K 1 mg IM (0.5 mg for preterm babies), polio and BCG immunization, thermal protection (drying baby, cap and socks, blanket, monitoring room temperature, delaying bathing baby until after 24 hours) and the use of kangaroo care method by both mothers and fathers for premature babies.

With support from the Ministry of Health (MOH) and the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, health workers at Kyenjojo formed a quality improvement team that looked at existing care practices and introduced an evidence-based package in line with MOH guidelines.

When the QI team had a meeting to discuss which changes they should implement, they decided to try providing immunization within the maternity ward. They accomplished this by arranging with the outpatient department, where immunizations are normally provided, to provide vaccines in an insulated vaccine carrier to the maternity ward daily for immunization. The QI team agreed to sensitize the mothers about this change during antenatal clinic days, when mothers were informed of how



Mother using kangaroo care method. *Photo by Dr. Paul Isabirye, URC.*

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Midwife demonstrating newborn care to a new mother before discharge. *Photo by Dr. Paul Isabirye, URC.*

they would receive comprehensive newborn services at delivery on the maternity ward. Emphasis was also placed on explaining the benefits of the kangaroo care method.

In a period of three months, five premature babies have been saved using the kangaroo mother care method. Newborn deaths at the hospital have reduced from five in July 2013 to two deaths in September 2013 and one death recorded in October 2013. The number of newborns getting infections has been reduced due to the practice of giving tetracycline eye ointment and cord care immediately after birth. The unit used to see about five newborn infections per month, but since September 2013, no newborn infection has been seen at the unit.

Mothers delivering at the hospital used to believe that premature babies could not survive if they were not put in an incubator. The health workers in the maternity ward have been successful in showing parents that premature babies can survive using the kangaroo care method, which emphasizes continuous skin-to-skin contact between the newborn and the parent and exclusive breastfeeding.

This method has been well received by the community because they have seen cases of babies who have survived and are putting on weight normally. Some of the mothers who come to the facility are not well off and lack warm clothing for their babies; they have appreciated this method of keeping their babies warm. Even with asphyxiated babies, after providing resuscitation and skin-to-skin contact, the midwives have found that the babies survive.

The provision of immunization at the maternity ward has made many mothers happy about the services they are receiving at the facility. Previously, the hospital was only providing immunization in the outpatient department, and as a result, many newborn babies would miss out on getting immunized.

The hospital improvement team is very happy with the successful results and feels these are practices that it can sustain, especially since there are no cost implications to implementing these changes. One enrolled midwife from Kyenjojo Hospital, Mrs. Naluweta Cate, described her experience and success with providing this package to her clients this way: *"We have a case where a mother with pre-eclampsia delivered a premature baby at 1.3kg, through a caesarian section. She was shown how to provide warmth to her baby through the kangaroo method, which saved her baby. Currently, her baby weighs 4.2kg at two months of age."*

The changes made in delivery and newborn care appear to have increased the number of mothers who come to deliver at the hospital: deliveries in the hospital have increased from 102 in February 2013 to 160 in September 2013.

Savings Mothers, Giving Life is an initiative of the Ministry of Health, with support from USAID and PEPFAR implementing partners, to reduce maternal and newborn mortality in four priority districts in mid-western Uganda: Kyenjojo, Kamwenge, Kibaale, and Kabarole districts. The role of USAID ASSIST is to supplement the efforts of other implementing partners to address gaps in processes and systems of care through quality improvement methods.