Maternal and newborn care: saving premature babies in Uganda

The project

malaria

consortium

Between 2015 and 2018, Malaria Consortium rolled out a Comic Relief-funded project that used integrated community case management (iCCM) to improve maternal and child survival in Uganda.

Working within the Ugandan Ministry of Health's existing community health programme, the iCCM Maternal and Child Survival (iCCM-MaCS) project trained 12,941 community health workers (CHWs) to diagnose and treat pneumonia, malaria and diarrhoea in children under five-years-old, to advise mothers on routine newborn care, and to refer children with danger signs to nearby health facilities.

Specifically, the project:

- implemented interventions, such as kangaroo mother care, at health facilities to expand and improve the range of maternal and newborn care (MNC) services available
- trained CHWs to refer pregnant women to formal health services for antenatal care and childbirth, to prepare them for their visits, and to provide follow-up services
- strengthened links between communities and the formal health system to improve the uptake of MNC services.

Background

Maternal and newborn mortality are major public health issues in Uganda.^[1] Premature babies, particularly those born in rural areas, are especially at risk of mortality due to the absence of equipment (such as incubators and radiant warmers) at health facilities and a lack of awareness among health workers and caregivers of effective, alternative caregiving practices.^[2] With around 226,000 premature births per year, tackling the associated risk factors (which include high rates of malaria transmission, adolescent births, and anaemia in women of childbearing age) is crucial.^[3-5]

Kangaroo mother care

As part of the iCCM-MaCS project, Malaria Consortium provided formal health facilities with incubators and <u>established the use of kangaroo mother care</u>, a World Health Organization-endorsed alternative to conventional neonatal care of pre-term babies and low-birth-weight infants. Kangaroo mother care is a high-impact, cost effective intervention that sees an infant held against a parent's bare chest for a continuous length of time each day. This helps to regulate the infant's temperature, breathing and heart rate, prevent hypothermia, prevent severe infection, promote healthy weight gain and reduce mortality.^[6]

Malaria Consortium trained facility health workers to demonstrate and then monitor new parents' implementation of the technique, as well as to encourage its practice by caregivers at home.

Impact

Strengthening links between formal health systems and communities through iCCM can promote change in treatment-seeking behaviours and, subsequently, in community members' caregiving practices. Mothers' and babies' increased exposure to trained MNC health practitioners through this strengthened connection can improve maternal and newborn health and reduce mortality, particularly among premature babies.



premature babies received care at a health facility

359,463 pregnant women attended at least four antenatal care visits

Lessons learned

- With the correct training, CHWs can effectively advocate on behalf of formal health services within communities and can refer community members to health facilities to receive necessary MNC services.
- iCCM can strengthen links between the formal healthcare system and rural villages, improving uptake of MNC services at health facilities and promoting long-term behaviour change within communities.
- MNC interventions delivered at health facilities and promoted by CHWs can also create social change; for example, kangaroo mother care encouraged fathers to take a more active role in newborn care.
- To ensure the effectiveness of iCCM for MNC, strong monitoring and reporting systems should be in place. Monitoring and reporting can be improved when data reporting tools are available in local languages.

Recommendations

- More staff at formal health facilities should be trained to deliver kangaroo mother care and teach mothers and fathers effective practices for newborn care.
- More CHWs should be trained to raise awareness and promote uptake of the antenatal care and birthing services available to mothers at health facilities.
- CHWs should be trained to provide house-to-house follow-up visits to advise on and provide support for the proper application of postnatal care practices, such as kangaroo mother care.
- iCCM supervision should be expanded to include MNC components.

References

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