

Noella Hatungimana
Mariachiara Angelon



Making a case for investing in small and sick newborn care

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Noella Hatungimana (✉)
Mariachiara Angelon
Email:
mariachiara.angelon@gmail.com

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Introduction

Why are there spaces and hospital policies for healthy newborns that allow their families to be the main actor of care; but, on the other side, for small and sick newborns, is there not this opportunity?

We are two midwives who work at the regional hospital of Ngozi, the third largest city in Burundi, where we managed more than 3,700 deliveries per year; Among these deliveries, approximately 10% are asphyxiated newborns, others have low birth weight but also others have congenital malformations, requiring transfer to neonatology. A few days ago, we were taking care of twins (one weighing 1,700kg and the other 1,300kg), born at 34weeks of gestational age, by emergency caesarean section. These twins were stable with good adaptation to extrauterine life. Immediately after birth, still in the maternity operating room, the caesarean section being in progress, we placed the newborns skin to skin and we helped both to begin breastfeeding within the first thirty minutes of life, let us point out that they had a good sucking reflex. Their stable health conditions and the absence of a person who came with the mother, made us think and reflect on the possibility of continuing kangaroo care but, once the intervention was completed, the mother was transferred to recovery room, a common room where other women who have undergone surgical procedures are monitored for two hours before transferring them to hospitalization; we had to transfer the two premature babies to the neonatology and therefore separate the mother from her newborns because We don't have a dedicated room and staff to be able to monitor the three in kangaroo care, so trying to achieve "zero separation".

2. Argument

2.i Family-centred care

The care of all newborns, particularly those with low birth weight and/or illness, must be family-centred. Many scientific studies have demonstrated that: "Mothers and newborns should not be separated, as the benefits of non-separation include reduced infection, better bonding, promotion of breastfeeding and safety. Rooming-in promotes breastfeeding of preterm infants and attachment and empowerment of parents. Preterm infants, who are commonly separated from their mothers for a long time, are exclusively breastfed at later postnatal and postmenstrual ages. Neonatal wards with integrated maternity care, to which mothers are admitted with their babies from birth, facilitate earlier establishment of exclusive breastfeeding. Rebuilding of neonatal intensive care units with single-family rooms has improved breastfeeding rates at discharge and three months after discharge. Kangaroo mother care should be supported throughout the care pathway because of its multiple benefits¹." The importance of allowing the family to be involved in the care of the newborn is clear and it provides several benefits and advantages to the health of the newborn and to maternal health. Kangaroo care and breastfeeding are the first among the practices that promote good psychomotor development of preterm or low birth weight newborns and they are possible only if there are spaces that allow the mother to be with her newborn but also if there are dedicated staff to be able to continue monitoring.

2.ii Infrastructure

"Now that parental engagement has been understood as important to the infant's well-being, a systematic approach to identifying parental needs and barriers to parental presence is essential²." In this case that we are presenting, one of the greatest obstacles for the presence of the mother was the absence of a room for the monitoring and care of newborns and their mother. The possibility of having a room inside the neonatology, as close to the maternity ward, where mother and newborns are taken care of by the maternity and neonatology staff at the same time, is necessary to be able to continue good quality care for newborns and their mothers. Women who have had a caesarean section and/or who have some postpartum pathologies, must have the opportunity to receive quality care while caring for their sick and/or small babies in the same room. "Each infant space shall contain a minimum of 14 square meters of clear floor space, excluding hand washing stations, columns, and

aisles. Within this space, there shall be sufficient furnishing to allow a parent to stay seated, reclining, or fully recumbent at the bedside².” It is therefore desirable that each neonatology have this room equipped with bed, chairs, hand washing stations to prevent infections, where the post-caesarean mother can stay next to her baby to continue kangaroo care which allows her to facilitate the early start of the breastfeeding.

2.iii Prevention and control of infections

“Health care-associated infections in neonatal units in low-and middle-income countries are a major cause of mortality³”. For this reason, the creation of the room we are talking about, will also be very important because it can contribute to the prevention of infections, especially in these newborns. The room will allow the mother to stay with her preterm babies even if during postpartum and therefore it will be possible to continue the kangaroo method and start and maintain good breastfeeding. As many scientific studies demonstrate: “It is important to note that exclusive breastfeeding and kangaroo mother care have been shown to be a natural protection against serious infectious diseases in newborns and during the first six months of life⁴”. The possibility of having a room where kangaroo care and breastfeeding can continue will also be a good method to prevent infections, without forgetting that the room will be equipped with a sink, where the family as well as health professionals can do hand washing.

2.iv Human resources

In this case, what stopped us from being able to continue kangaroo care was the absence of a room dedicated to the mother and her sick newborns, but also the lack of appropriate staff to monitor the two at the same time. A perinatology team can support both units by working together for a common goal: the best and most appropriate care for the mother and her babies. We know that: “Survival of preterm infants in facilities has been linked to the number of qualified neonatal nurses working per shift¹”; Human resources must therefore be considered important to enable the mother to be at the centre of her

newborn’s care. “Findings from a qualitative evidence synthesis exploring what women want from postnatal care indicate that women want a positive experience in which they are able to adapt to their new self-identity and develop a sense of confidence and competence of a mother. They also want to adjust to changes in their intimate and family relationships (including their relationship to their baby), navigate ordinary physical and emotional challenges, and experience the dynamic achievement of personal growth as they adjust to their new normal, both as parents and as individuals in their own cultural context⁵.” All of this will only be possible through present and competent staff who are able to put the family at the centre of neonatal care.

2.v Leadership and governance

“The reason we need to understand and improve governance is that it is through governance that societies and health systems manage conflicts, make collective decisions and exercise authority (Fox 2010). For governance, it is a great challenge to weave a web of actors, such as social insurance funds, professions, agencies, governments at different levels, NGOs and even private companies, who are capable of formulating and accepting a direction, aligning their efforts, and the carrying out their duties⁶”. It is therefore important that the hospital director (in our case) is informed of the benefits of family-centred care so that he also can implement changes, either for the structures or for the staff, or for hospital policies to allow adequate care.

Conclusion

If we work together, we can achieve family-based care even for small and sick newborns. A small change can lead to a big result and the room we offer is an example. Mothers who have had caesarean sections also have the right to take care of their preterm babies, and the babies also have the right to stay with their mothers in kangaroo position and benefit breastfeeding.

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