Multi-Country Situation Analysis of In-patient Care of Newborns and Young Infants

James A. Litch MD, DTMH

Every Preemie-SCALE / Global Alliance to Prevent Prematurity and Stillbirth (GAPPS)

26 September 2017

PTB/LBW Global Technical Working Group

Washington, DC
Maternity Care and Newborn Care
Maternal and newborn mortality and stillbirths reduced with scaled interventions

Source: BMJ 351, Suppl 1, 2015
Where 15 million preterm babies receive care

Can we reach scale with care interventions that require high functioning care facilities?
Multi-Country Situation Analysis of In-patient Care of Newborns and Young Infants

RATIONALE

1. Essential newborn care for all infants now mainstreamed in national newborn programs. Priority is to increase effective coverage and quality.

2. In-patient care of small and sick newborns is nascent, not standardized, and may be harmful. Priority is to define, standardize, and mainstream care of small and sick newborns, building on the ENC platform.

3. But first, we must analyze the situation to understand the landscape.
PURPOSE OF SITUATIONAL ANALYSIS

1. Enhance ownership and buy-in of inpatient care of newborns among country level partners.
2. Building on what’s currently underway in RMNCH to inform thought leaders.
3. Inform the finalization of signal functions for newborn care.
SITUATION ANALYSIS PARAMETERS

Focus: babies that need to be in facilities?

Newborn and young infant characteristics:
• Birth to 59 days (first 60 days of life)
• High-risk (requiring inpatient care):
  ▪ Too small
    o Low birth weight (<2000 grams)
  ▪ Too early
    o Preterm (<34 weeks gestation)
  ▪ Sick
    o Specific clinical conditions vs. required intervention
ANALYSIS FEATURES

- Aim is to assess service readiness and quality of care that will examine structure and process of care
- Qualitative assessment of inpatient care in district and subdistrict levels (not nationally representative sample)
- Several QoC Network first wave countries are considering participation
- Operational structure
  - Implementing/data collection partners: Every Preemie, MCSP, UNICEF, USAID
  - Protocol Advisory partners: Every Preemie, MCSP, UNICEF, USAID, WHO, ASSIST, SNL, LSTMH, KMS, MSH
OBJECTIVES

1. Characterize the current landscape of in-patient facility-based care of newborns and young infants using a framework for:
   a. Structure of care based on WHO Health System components;
   b. Process of care based on WHO Standards for improving quality of maternal and newborn care in health facilities; and
   c. Insight on service delivery challenges, opportunities and lessons learned.

2. Immediate build out of existing WHO quality of care standards and activities to include inpatient care of newborns and young infants.
WHO Conceptual Framework for Quality of Care for Maternal and Newborn Health

<table>
<thead>
<tr>
<th>Process</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Evidence based practices for routine care and management of complications</td>
<td>Individual and facility-level outcomes</td>
</tr>
<tr>
<td>2- Actionable information systems</td>
<td>Coverage of key practices</td>
</tr>
<tr>
<td>3- Functional referral systems</td>
<td>People-centred outcomes</td>
</tr>
<tr>
<td>4- Effective communication</td>
<td></td>
</tr>
<tr>
<td>5- Respect and dignity</td>
<td></td>
</tr>
<tr>
<td>6- Emotional support</td>
<td></td>
</tr>
<tr>
<td>7- Competent and motivated human resources</td>
<td></td>
</tr>
<tr>
<td>8- Essential physical resources available</td>
<td></td>
</tr>
</tbody>
</table>

Health system

Quality of Care

PROVISION OF CARE

EXPERIENCE OF CARE

Individual and facility-level outcomes

Coverage of key practices | People-centred outcomes

Health outcomes
**FRAMING THE ANALYSIS**

**Part I: Structure of the Health System**
1. Service delivery;
2. Health workforce;
3. Health information system;
4. Essential medical products, vaccines and technology;
5. Health financing system;
6. Leadership and governance; and
7. Community engagement.

**Part II: Process of Care at Facilities**
1. Evidence-based practices
2. Actionable information systems
3. Functioning referral systems
4. Effective communication
5. Respect and preservation of dignity
6. Emotional support
7. Competent, motivated personnel; and
8. Availability of physical resources.

**Part III: Service Delivery Insight**
1. Challenges/barriers;
2. Opportunities/strengths; and
3. Lessons learned.
Do No Harm Technical Briefs:
Safe and Effective Inpatient Newborn Care

Download PDF versions in English and French at:

http://www.everypreemie.org/donoharmbriefs/
Thank You

Jim Litch

Every Preemie—SCALE / Global Alliance to Prevent Prematurity and Stillbirth (GAPPS)

jim.litch@gapps.org and jlitch@yahoo.com

www.everypreemie.org