Family Centered/ Participatory Sick Newborn Care: India Model

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Family Centered Care (FCC) provides a setting in which family is empowered, encouraged and supported as the constant care-provider, in addition to available nursing staff, to complement care of their sick newborn in nursery, from admission until discharge.

However the primary responsibility of care still rests with the doctor and nurse even though the family collaborates in partnership of care to their own baby.
Essentially, implementation of FCC means.....

A link for continuum for care after discharge

- Sensitisation
- Capacity building (trainings)
- Engaging in care
Scope of Mother/Parent’s Involvement in care at facility......

A culturally sensitive Audio-Visual Training Module:
4 Sessions
Entry Protocol (Audio-Video Session I)

- Sensitization to FCC
- Preparation for entry into nursery
- Hand washing
- Gowning
- Familiarizing with environment of nursery
Developmentally Supportive Care (Audio-Video SESSION II)

- Developmentally supportive care (DSC)
- Cleaning the soiled baby
- Breastfeeding
- Expression of Breast Milk
- Paladi feeding/katori feeding
Preparation for Discharge and care at Home (Audio-Video SESSION IV)

- Hand washing/Prevention of infection/ Hygiene
- Sponging / Cleaning
- Appropriate Clothing/Thermal care
- Breast feeding & KMC
- Care of the cord & eye
- Danger signs & seeking medical help
- Follow up & compliance with discharge instructions
- Immunization
Institutionalising Family Centred Care: The Process

1. Induction at Admission & Identification of Primary Care Provider
2. Daily Trainings Scheduled
3. Demonstrations and Practice
4. Supervised Learning
5. Peer To Peer Learning
6. Independent Doing
7. Discharge Counseling
8. Continuum of Care at home
Operational Concept of Family Centered Care For Sick Newborn

Health Care Providers (Doctor / Nurses)

- Role of Doc/Nurse
  - To Provide:
    1. Skill Building
    2. Continuous Support and supervision
    3. Conventional Medical care

- Conventional Medical Care

- Work Sharing

- Continuous Support and supervision

Role of P-A

- 1. Participation by choice
- 2. Delivery of ENBC to own baby
  - Hand Washing/Developmentally Supportive Care/Feeding/KMC/Picking Danger Signs

Parent – Attendants (P-A)

- Periodic Sensitization Sessions for Doctors and Nurses

Care of a Sick Newborn

ESSENTIAL CARE

Continuum of care at home
GETTING ON BOARD HEALTH CARE PROVIDER IS THE MOST IMPORTANT

• A module for health care provider

• What he should and what he shouldn’t do;

• Need of initial sensitisation and training of entire health care team (Nurses, doctors, other staff).

• Monitoring must include
  
• Parameters to assess nurses performance of tasks.

• Adverse events and Hospital acquired infections must be watched.
Launch Video 1
Measures & Attributes of Implementation (June’16-July’17)

1. Measure of Implementation
   - Workspace readiness (Infrastructure-Facilities)
   - Parent/Attendant preparedness (Practices)
   - Staff preparedness (Attitudes)

2. Feasibility
   - 61% Males
   - 37% Fathers
   - 20% Grandparents
   - 41% > 50 years old
   - 25% Illiterate

3. Acceptability
   Qualitative study (2016)
   - Primary gains: (Empowerment, Skills, Continuum of Care)
   - Improved patient-staff relation

4. Measure of Quality of Care
   Participation of Mothers in Care in processes of care
   - Nesting,
   - Positioning,
   - Cleaning,
   - Skin to Skin Care
Lessons Learnt

• Mothers: Easy buy in!

• Provider Challenges: Accepting P-A as a co-partner in care!
  ❖ Diminished authority?
  ❖ Watch Dog Effect!!
  ❖ Expected to deliver a standard of care!!
  ❖ Lack of Initiative / Motivation
  ❖ No vested interest unlike mother!!: (Lack of Initiative / Motivation)
  ❖ Tend to task shift!!
Hence Implementing FPC

- Infrastructure & Facilities
- Attitudes
- Practices

Mother Friendly Facilities

Communication skills
Eligibility Criteria for FCC

Facility
- Step down unit of SNCU
- NBSU
- Postnatal Wards
- Pediatric Wards

Newborn
- Stable Growing PT/VLBW/No Oxygen/Cpap/Inotropes

Others:
- Sick baby: Limited Involvement

Parent - Attendant
- Preferably Mother and Father

Others:
- Grand Parents
- Relatives
<table>
<thead>
<tr>
<th>Activities for Involvement of P-A</th>
<th>Stable Baby</th>
<th>Sick Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stable Baby Growing PT/ VLBW/ No Oxygen/CPAP/ Inotropes</td>
<td>Sick Baby On Oxygen/CPAP/Ventilated/ Inotropes</td>
</tr>
<tr>
<td><strong>Module 1</strong> (Nursery Entry Protocol)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>• Hand washing</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>• Gowning</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Module 2</strong></td>
<td>✓</td>
<td>*As per advice of Doc/ Nurse</td>
</tr>
<tr>
<td>• Developmentally Supportive Care</td>
<td>✓</td>
<td>-do-</td>
</tr>
<tr>
<td>• Cleaning of soiled baby</td>
<td>✓</td>
<td>-do-</td>
</tr>
<tr>
<td>• Breast feeding/ Expression of Breast milk manually</td>
<td>✓</td>
<td>-do-</td>
</tr>
<tr>
<td>• Paladai/ katori Spoon Feeding</td>
<td>✓</td>
<td>-do-</td>
</tr>
<tr>
<td><strong>Module 3</strong> (If Eligible: Wt&lt;2kg)</td>
<td>✓</td>
<td>Postpone till baby stable</td>
</tr>
<tr>
<td>• Kangaroo Mother Care (KMC)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>Module 4</strong></td>
<td>Individualized pre discharge sessions to be held for family (key people) of each baby before discharge</td>
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<tr>
<td>• Prep for discharge &amp; care at home</td>
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</tbody>
</table>

*Under supervision & advice of doctor/ nurse (ensuring no tubes/tubings/canulæ/catheters are disturbed)*
Thus Family Centred Care
1. Improves Quality of Care:
2. Is Feasible

- 61% Males
- 37% Fathers
- 20% Grandparents
- 41% > 50 years old
- 25% Illiterate
3. Is Acceptable

Qualitative study (2016)
Perceptions of providers & parents:
(An external evaluation 2016)

• Primary gains: (Empowerment, Skills, Continuum of Care)

• High acceptability among both family & providers.

• Improved patient-staff relation
To conclude, Family Centred Care ....

• A humane way to care.

• Creates an opportunity for lifelong bonding.

• Family’s right to a respectful care: (Need to protect, support & promote.)

• Operational feasibility & acceptability in Indian health care setting seem to be promising.

Family Centred Newborn Care holds the key for developing social accountability of health that may help achieve Sustainable Development Goals.
Acknowledgement

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Translation in Public Health
2014- till date