6-2-2023

Calling Attention to Experiences of Care for Hospitalized Newborns and Young Children to Improve Newborn and Child Survival

Chantalle Okondo
Population Council

Follow this and additional works at: https://knowledgecommons.popcouncil.org/focus_sexual-health-repro-choice

How does access to this work benefit you? Click here to let us know!

Recommended Citation

This Blog is brought to you for free and open access by the Population Council.
RESEARCH SPOTLIGHT

Calling Attention to Experiences of Care for Hospitalized Newborns and Young Children to Improve Newborn and Child Survival

A Reflection on the International Maternal Newborn Health Conference (IMNHC) 2023

Pictured from L-R: Charlotte Warren, Samiksha Singh, Abhishek Kumar, and Chantalle Okondo

June 2, 2023
By: Chantalle Okondo

Over the last decade, progress on achieving the Sustainable Development Goals (SDGs) to reduce maternal deaths, stillbirths, and newborn deaths has stagnated. Recent global estimates indicate a combined 4.5 million deaths in 2020, including 0.29 million maternal deaths, 1.9 million stillbirths, and 2.3 million newborn deaths, with a majority occurring in sub-Saharan Africa, Central Asia, and Southern Asia. Unless drastic changes are made, more than 60 countries will not meet their SDG targets by 2030.

In early May 2023, the maternal and newborn health (MNH) community convened in Cape Town, South Africa for the first time in eight years to call for renewed action and improvements in accelerating progress on maternal and newborn survival. Delegates from over 96 countries came together to share ideas, experiences, solutions, and innovations to improve MNH. Some exemplars of country success in reducing maternal, stillbirth, and newborn deaths include:

- Increased demand for MNH services and a greater number of facility deliveries
- Improvements in women’s quality of care, including more frequent contact with healthcare providers
• Fertility declines through increased use of contraceptives, better education, later marriage, delayed childbearing, and safer abortion services

• Stronger health systems strengthening efforts by governments, including political prioritization of MNH, regulations for task shifting, improved resource allocation and strategic plans, and the use of data for learning health systems, which significantly improved MNH indicators

Further, the 2023 IMNHC touched on various aspects of the World Health Organization (WHO)’s quality of care framework for MNH and pediatric care. This framework calls for attention to eight domains; however, the “Experience of Care” category is often overlooked. Under this domain, the framework highlights a need for 1) effective communication with and meaningful participation of women, caregivers, and parents; 2) respect, protection, and fulfilment of women’s and children’s rights; and 3) emotional and psychological support for women, children, and their families.

The conference and the larger MNH community have made great strides to bring attention to respectful maternal and newborn care. Although there is still more work to be done, approximately 20 out of 200 sessions were focused on experiences of care, such as the promotion of respectful maternal and newborn care in humanitarian settings and across different countries. This is an exciting trend given the Population Council’s long-standing investment in MNH experiences of care. Our groundbreaking 2011-2015/16 “Heshima” project in Kenya was one of the first studies to document prevalence of disrespect and abuse during childbirth in a hospital setting. Evidence from Heshima catalyzed the global respectful care movement and informed Kenyan legislation aimed at eliminating disrespect and abuse during childbirth. Following this success, we embarked on an implementation science study under the Breakthrough RESEARCH project—led by the Population Council and funded by the US Agency for International Development (USAID)—entitled “Structural and behaviour change interventions to improve experience of care for newborns and young children (0 to 24 months of age) and their parents in hospital settings in Kenya.”

Similarly, one of the 2023 IMNHC sessions that I presented focused on empathy and compassion in the healthcare system for both clients and providers. I shared simple tools that we adapted to help providers meaningfully engage parents in care during hospitalization, improve communication with parents, and emotionally support parents during hospitalization. These feasible and low-cost solutions can be implemented in low-resource settings, such as large public hospitals. However, they must be accompanied by a supportive environment where providers are not overwhelmed, facing competing tasks, or working under stressful conditions.

One highlight of this study was the emotional support provided to healthcare workers. We gave them simple tips to recognize stressors and brought in counselors to help debrief after difficult cases, manage stress, and ask for help with teamwork and collaboration. A promising finding was that post-intervention, we found a significant reduction in overall burnout levels. We also observed a 26% decrease in emotional exhaustion, which is a key driver of poor experiences of care for women and newborns. Discussions during the conference session emphasized a need to embed provider communication, respect, dignity, empathy, and compassion during medical training, which should all be part of professionals’ essential skills. To advance our work, measurement tools from the study will be shared with the Maternal, Neonatal and Child Health Technical Working Group (MNCH TWG).
The 2023 IMNHC was a great opportunity to focus not only on increasing access to and utilization of MNH services, but on improving experiences of care for women, newborns, their families, and healthcare providers. We need locally relevant solutions at the facility, county, and national level to address maternal, stillbirth, and newborn deaths and to ensure continuous capacity-building of healthcare providers. Investments are critical to continue improving hospital environments, allowing for greater participation of parents during care, and motivating providers.