Newborn care and the respectful maternity care agenda: Preliminary evidence from a WHO multi-country study

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On behalf of the study team
Respectful maternity care and increased attention to quality and experience of care

- WHO statement on elimination of abuse in childbirth (2014)
- WHO vision statement includes experience of care (2015)
- Standards for improving quality of maternal and newborn care in health facilities (2016)
- Standards for improving the quality of care for children and young adolescents in health facilities (2018)
- Standards for improving the quality of care for small and sick newborns in health facilities (2020)
Where is the newborn in the RMC agenda?

- Commentary on respectful maternal and newborn care (2015)
  - Call for more attention and research on treatment of newborns
  - Notes the lack of explicit mention of newborn in Charter etc.
  - Call for a common agenda with maternity care

- Literature/scoping review (2017)
  - Used the 7 domains identified for maternity care
  - Included 22 articles/reports (not all peer review)
Frequently identified themes

- Failure to meet professional standards of care
  - Unnecessary separation of caregiver and newborn
  - Non-consented treatments or lack (no efforts to resuscitate)
  - Not enough providers, lack of equipment, early discharge

- Stigma and discrimination
  - Against small, sick, preterm, female
  - Threatened denial of care if home-born

- Non-consented care
  - Unauthorized care and referrals
  - Detainment due to lack of payment

1. Newborn needs and rights are not being fulfilled (fed, warm, evidence-based care, birth registration)
2. Some types of mistreatment of the newborn is also disrespect of the mother/parents (unnecessary separation, not consenting to care)
How women are treated during facility-based childbirth: WHO multi-country study

- Opportunity from a WHO dataset to provide some of the first systematic descriptive data and analysis on treatment of newborns in health facilities

- Continuous 1:1 observation by independent team

- Use of standardized tools across countries

- Linked data between maternal experience of abuse and newborn receipt of care
Methods for secondary analysis of newborn care practice data

- Labour observation tool only
  - Ghana, Guinea, Nigeria

- Focus on routine care for low-risk infants
  - Singleton and first-born twins only
  - Vaginally-born only

- Selection of newborn indicators recommended for every newborn
Findings

- 1680 observed maternal-newborn dyads
- 91% received delayed cord clamping
- 64% were kept in skin-to-skin contact
- 52% of newborns were separated from the mother in first 2h
  - Separation more common for mothers who were single (adjusted)
- 24% were breastfed within 30 min
  - Lack of maternal education associated with not receiving recommended breastfeeding practices
  - Low birth weight newborns less likely to begin breastfeeding
- When women experienced physical abuse from providers within 1 h before childbirth, their newborns were more likely to be slapped
<table>
<thead>
<tr>
<th>Practice</th>
<th>Ghana (n=749)</th>
<th>Guinea (n=522)</th>
<th>Nigeria (n=356)</th>
<th>Total (n=1627)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cord clamping done ≥ 60 s after birth†</td>
<td>723 (96.5%)</td>
<td>512 (98.1%)</td>
<td>258 (72.5%)</td>
<td>1493 (91.8%)</td>
</tr>
<tr>
<td>Immediate skin-to-skin contact with mother†</td>
<td>707 (94.4%)</td>
<td>130 (24.9%)</td>
<td>211 (59.3%)</td>
<td>1048 (64.4%)</td>
</tr>
<tr>
<td>Breastfeeding within 30 min after birth†</td>
<td>288 (38.5%)</td>
<td>65 (12.5%)</td>
<td>36 (10.1%)</td>
<td>389 (23.9%)</td>
</tr>
<tr>
<td>Breastfeeding on neonates demand†</td>
<td>346 (46.2%)</td>
<td>125 (23.9%)</td>
<td>43 (12.1%)</td>
<td>514 (31.6%)</td>
</tr>
<tr>
<td>Neonate separated from mother after birth†</td>
<td>346 (46.2%)</td>
<td>317 (60.7%)</td>
<td>181 (50.8%)</td>
<td>844 (51.6%)</td>
</tr>
<tr>
<td>Routine suctioning of neonate†</td>
<td>490 (65.4%)</td>
<td>389 (74.5%)</td>
<td>222 (62.4%)</td>
<td>1101 (67.7%)</td>
</tr>
<tr>
<td>Rubbing the neonate with alcohol†</td>
<td>11 (1.5%)</td>
<td>1 (0.2%)</td>
<td>9 (2.5%)</td>
<td>21 (1.3%)</td>
</tr>
<tr>
<td>Bathing during observation period†</td>
<td>19 (2.5%)</td>
<td>0</td>
<td>81 (22.8%)</td>
<td>100 (6.1%)</td>
</tr>
<tr>
<td>Flexing the neonates legs towards the abdomen†</td>
<td>63 (8.4%)</td>
<td>28 (5.4%)</td>
<td>3 (0.8%)</td>
<td>94 (5.6%)</td>
</tr>
<tr>
<td>Milking the neonates chest</td>
<td>43 (5.7%)</td>
<td>14 (2.7%)</td>
<td>10 (2.8%)</td>
<td>67 (4.1%)</td>
</tr>
<tr>
<td>Slapping the neonate†</td>
<td>27 (3.6%)</td>
<td>5 (1.0%)</td>
<td>38 (10.7%)</td>
<td>70 (4.3%)</td>
</tr>
<tr>
<td>Holding the neonate upside down†</td>
<td>17 (2.3%)</td>
<td>30 (5.7%)</td>
<td>71 (19.9%)</td>
<td>118 (7.1%)</td>
</tr>
<tr>
<td>Holding the neonate by the leg†</td>
<td>20 (2.7%)</td>
<td>15 (2.9%)</td>
<td>97 (27.2%)</td>
<td>132 (8.1%)</td>
</tr>
<tr>
<td>Neonate left unattended</td>
<td>7 (0.9%)</td>
<td>1 (0.2%)</td>
<td>6 (1.7%)</td>
<td>14 (0.9%)</td>
</tr>
<tr>
<td>Refusal to provide postnatal care for mother and neonate due to inability to pay</td>
<td>7 (0.9%)</td>
<td>0</td>
<td>3 (0.8%)</td>
<td>10 (0.6%)</td>
</tr>
</tbody>
</table>

Data are n (%). *Excludes stillbirths, early neonate death, and second borns in multiple births. †p<0.05.

Table 3: Neonatal care practices after vaginal birth*
Implications

- Many newborns not receiving full complement of evidence-based care
- Some practices may be considered mistreatment, such as being slapped (although may be outdated training of providers)
- Low-cost practices like skin-to-skin and breastfeeding should be promoted universally
- Policies should support zero separation of newborns from families, and cases of denial of care should be investigated
Future research

- Local and cultural understandings of mistreatment and respect for newborns
- Scoping of tools to measure experience of care
- Prevalence and factors associated with care practices during later neonatal and infant period
- Explore link between maternal and newborn experiences of care
- Understanding drivers of mistreatment and needs of health workers to provide quality and respectful care
- Testing and evaluating effective interventions
Just published

- Secondary data from 4 public facilities in Nepal
- 31,804 spontaneously-breathing newborns observed immediately after childbirth
- 63% received a medical procedure without consent
- 25% were “roughly handled”
- 21% suctioned with no medical need
- 72% did not have delayed cord clamping
- 78% not breastfed within first hour after birth
- 3% kept in skin-to-skin contact
- Inequitable care for female infants and those born to younger women, or from disadvantaged ethnic groups
Forthcoming studies

- Study on impact of separation and consent on subsequent postnatal care utilization, satisfaction, and breastfeeding practices (in preprint: medrxiv.org/content/10.1101/2020.10.19.20213074v1)

- Qualitative study on experiences of newborns, young infants and their caregivers in inpatient care in Kenya (under review)
Updated Charter

- Originally published in 2011
- Update in 2019 included more explicit attention to newborn rights
  - To stay with parents/guardians
  - Nationality (birth and death certificates)
  - Nutrition and clean water
Upcoming WHO guidelines on postnatal care (2021)

A positive postnatal experience is one in which women are able to achieve personal growth as they adjust to the ‘new normal’ of motherhood and parenting in their own cultural context.

Evidence-based interventions
- Screening and assessments
- Preventive measures
- Interventions for common physiological signs and symptoms
- Nutrition interventions
- Effective communication, health education, and promotion
- Emotional support, including community mobilization and male involvement

Health system interventions to improve quality provision and utilization

NIHR | National Institute for Health Research
PROSPERO
International prospective register of systematic reviews

Factors that influence uptake of routine postnatal care: a qualitative evidence synthesis
Emma Sacio, Etienne Langlois, Daniela Ziegler, Caroline Saute, Soo Downe, Kenny Finlayson, Nicola Crossland, Mercedes Bonet

RESEARCH ARTICLE
What matters to women in the postnatal period: A meta-synthesis of qualitative studies
Kenneth Finlayson, Nicola Crossland, Mercedes Bonet, Soo Downe
Thank you


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