

Learning package: Improving service quality

The fragile first weeks: equipping midwives to provide life-saving newborn care

Newborn care within first 28 days of life is critical to neonatal survival. With extensive training, supervision and quality improvement in Cambodia's remote northeast, midwives are providing essential care to newborns.

High-quality newborn care in the first days and weeks of life are crucial to survival and is an essential component of reproductive, maternal and newborn health (RMNH) service delivery. Despite the life-saving nature of these services, early assessments by Partnering to Save Lives (PSL) found that midwives were not confident in providing immediate newborn care (INC) because they had relatively small case loads and therefore few opportunities to practice their skills.

Improving the provision of INC was therefore an important focus for PSL. PSL collaborated extensively with government officials from Provincial Health Departments (PHDs) and Operational Districts (ODs) in Cambodia's northeast to introduce integrated approaches to in-service training, coaching and Midwifery Coordination Alliance Team meetings (MCATs) that were framed around INC principles. These activities incorporated interactive and simulated learning, which helped to engage midwives in their development, for example, by using scenario-based role plays and neonatalie mannequins to

practice resuscitation. An additional, 21-day training program was held for inexperienced midwives to develop a breadth of RMNH skills, including INC, and the confidence to provide services.

Skills building was enthusiastically received by midwives like Sokha Say in Stung Treng, who says she was 'happy to get feedback that will fill the gaps.'

Key results

As a result of PSL's support for INC, all midwives in the northeastern provinces (Kratie, Mondul Kiri, Ratanak Kiri, Stung Treng) have been coached in newborn care, including emergency management, and participated in MCATs. PSL observed the following results:

- 80.1% of newborns are now placed on the mother's bare chest immediately after birth (i.e. skin-to-skin contact), increasing from 63.2% at baseline.
- 84.7% of newborns were dried (wiped thoroughly) immediately after birth (consistent with 84.4% at baseline).
- The percentage of newborns receiving appropriate newborn care (i.e. both of the above components, plus delayed bathing) is 49.1%, increasing from 43.2% at baseline.
- Scores from functionality assessments of BEmONC (Basic Emergency Obstetric and Newborn Care) facilities increased from 80% at baseline to 94% over the life of the project, demonstrating progress towards achieving full functionality (100%).¹

1. All data from PSL (2018). *Endline Survey Report*



Left: midwives apply their skills to care for a newborn

“I had no hope for the baby’s survival but I followed [the procedure] anyway and succeeded in starting her breathing safely in the Golden Minute.”

Tevy, health centre midwife,
Stung Treng province

Strategies for success

Improvements in INC provision in PSL-supported health facilities were enabled by several factors, including:

- **Equipment and infrastructure refurbishments.** In order to begin providing INC, PSL helped to repair or re-order equipment and supplies as needed, and supplied health facilities with INC kits, including resuscitation bags with masks and doppler ultrasounds. PSL also constructed maternity waiting rooms, which gave women somewhere to stay post-delivery and consequently improved their use of postnatal care (PNC). These investments significantly improved health facilities’ abilities to provide care to newborns, but maintaining adequate supplies of equipment and medicines is an ongoing challenge.
- **Integrated training and development opportunities.** Working closely with PHD/OD teams, PSL established an integrated INC curriculum, which enabled topics explored at MCATs to be reinforced through on-site supervision and coaching at health facilities, and for challenging cases to be discussed and practiced at MCAT meetings. Simulation was an effective approach for helping midwives to practice their skills, particularly for newborn resuscitation using neonatalie mannequins.
- **Contributions to national policy and guidelines.** PSL contributed its technical expertise to the Newborn Care Technical Working Group to ensure that national guidelines for INC and Kangaroo Mother Care reflect international best practices that can be universally applied across Cambodia.

Next steps: embedding a continuum of care across RMNH services

Embedding a continuum of care that extends from the time of delivery and across the first weeks of a newborn’s life will be an important next step for improving newborn survival in Cambodia, complementary to improvements in INC specifically. PSL data consistently showed that low numbers of

mothers and babies return to health facilities for PNC after discharge. This can delay detection of danger signs and care seeking in emergencies.

PSL identified some strategies to improve neonatal survival via strengthened PNC. Maternity waiting rooms helped to increase use of PNC in facilities where they were available by enabling women to stay longer after delivery and could be installed more widely. Skills building for midwives is also important, as PSL observed that midwives often prioritised maternal health during PNC checks and spent less time checking the newborn, potentially overlooking danger signs prior to discharge. Finally, concurrent behaviour change and awareness raising programs help to educate mothers, families and communities to recognise symptoms of neonatal distress and return to a health facility in emergencies.

Recommendations

Ongoing attention to newborn care is needed to curb Cambodia’s rates of neonatal mortality. PSL recommends to:

- Build understanding of the continuum of RMNH service delivery, particularly for maternal and newborn health, to enable consistent and continued care within the first 28 days of life. This includes educating midwives and strengthening community awareness of the importance of PNC.
- Continue to make regular learning opportunities available to midwives. Incorporate simulation, particularly for practicing emergency management and resuscitation skills, which have small numbers of clinical presentations.
- Support coaches to develop their skills, both clinical and interpersonal, and mobilise coaching teams from PHD/OD and referral hospitals to deliver quality coaching.
- Roll out the newborn screening tool for disability, which was recently included in the updated Safe Motherhood Protocol for health centres.
- Find sustainable solutions for maintaining the quality and availability of equipment and supplies in health facilities. Advocate for INC activities, supplies and equipment to be included in annual operating plans and budgets.

