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Report

An attempt to disseminate essential newborn care guidelines dissemination in Zambia

Gertrude M. Sibuchi¹⁾

Zambia, like many countries in the African region endures a high neonatal morbidity and mortality. In working towards achievement of Millennium Development Goal (MDG 4), Zambia has made several policy and planning efforts to prioritize newborn and child health. Zambia is among 13 African countries on track to attain the MDG 4 of reducing the under five mortality rate by at least 2/3 from a baseline in 2012 (WHO, 2014).

However, the improvement of neonatal mortality rate has been stagnant. Coverage and scaling up of interventions to improve newborn care is still low to achieve the impact. As such Zambia has prioritized that all levels of health care need to address newborn health care at both primary health care and community levels.

Therefore, there is need to disseminate essential newborn care guidelines country wide. Health care providers need to have the knowledge and skills in evidence based, cost effective and feasible interventions for neonatal survival.

Key words : essential newborn care guidelines, training, orientation meetings, international cooperation, Japan, Zambia

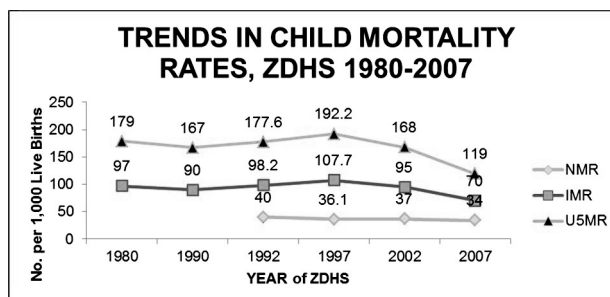
I. Background

Neonatal mortality rate

The neonatal mortality rate (NMR) in 2007 in Zambia was 34/1000 live births (ZDHS, 2007). In the year 2011, the first day mortality rate was 10/1000 live births. The newborn deaths which stood at 37 % were attributed to preterm birth complications, newborn infections such as (tetanus, meningitis, sepsis, pneumonia and diarrhoea) stood at 26% and 28 % were due to intra-partum causes and asphyxia (WHO, 2012).

NMR accounts for 27% of the Under five Mortality Rate (U5MR) and in an effort to attain the MDG 4 (Child survival), it is necessary to address newborn care adequately (WHO, 2012).

Graph 1 (ZDHS, 2007) shows that there has been a slight reduction in the under-five mortality rate, however the neonatal mortality rate is still static and there is need to orient healthcare providers on



Graph 1

essential care for every baby based on high impact evidence based interventions. National wide orientation of these guidelines will save newborn lives and ensure the continuum of care delivery. The Ministry of Community Development Mother and Child Health in Zambia is mandated to oversee the monitoring of the orientation exercise at provincial, district and community level health facilities.

II. Methodology

A top-down, Trainer of Trainers (TOT) approach

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was used to conduct the dissemination of the essential newborn care guidelines in Zambia through orientations at different levels of the health system.

III. Results

Orientation meetings at provincial level

In May, 2014 an especially appointed team orientated 16 provincial mother, newborn and child health (MNCH) coordinators and hospital based maternity staff from 8 provinces out of the 10 provinces of Zambia on essential newborn care guidelines.

Orientation meetings at district level

The next step consisted in the provision of training courses for 16 district maternal and child health (MCH) coordinators and maternity hospital based staff at health centers on planning activities for the implementation and provision of technical assistance on newborn health care for the 2014-2015 district planning cycle. Upon completion of the training, the way forward on the orientation of the newborn care guidelines was discussed.

Orientation of related staff

In addition, 19 health staffs trained in emergency obstetric and newborn care (EmONC) were oriented on essential newborn guidelines so that they can include new interventions in their daily activities plan.

The new guidelines enhance early initiation of breastfeeding, prevention of disease, keeping babies warm, classification of babies by their condition and timely referral of babies who require the next level of care. Dissemination of the guidelines will be provided at community, district and provincial levels and we believe that it will help healthcare providers to offer essential care for every baby.

The following activities were undertaken:

1. Newborn health care activities were included in

provincial action plans.

2. The national level conducted orientation meetings on essential baby care to Provincial Maternal Newborn Child Health (MNCH) coordinators.

Thereafter the Provincial MNCH coordinators will orient district MNCH coordinators in their respective provinces with support from national level.

IV. Discussion

Application of lessons learned from Japan

Orientation meetings at all levels incorporated lessons learned from Japan on the care of newborns in order to improve the skill and knowledge of nurses and midwives in maternal and child health. The importance of improving newborn care was emphasized and ideas to aim at objectives even with limited resources were discussed.

The impact of health education for communities and pregnant mothers has helped to improve health and contributed to reduction of neonatal rates in Japan. I learned that education takes time, but it is important to disseminate knowledge that empowers health workers, communities and families.

Lessons learned from the disseminations in Zambia

Dissemination of the newly published essential newborn care guidelines has just started in Zambia, training is only one of the activities designed to disseminate the guidelines; however, we have already learned important lessons from the partial dissemination of the guidelines.

Evidence based interventions included in the guidelines support health care providers activities. Evidence based training prevents health care providers from harmful practices. Just to cite an example, trainees have learned that keeping the baby warm is more important than holding the baby upside down and hitting it on the back immediately after the delivery.

V. Conclusion

Country wide dissemination of essential newborn

care guidelines based on evidence and on the experiences of other countries will equip health care providers with knowledge and skills on newborn care and the nation as a whole will benefit from the presence of a skilled health worker at every delivery to attend to the newborn baby.

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References

1. Liu, L., Johnson, H.L., Cousens, S., et al.: Global, regional and national causes of child mortality : an updated systematic analysis for 2010 with time trends since 2000. *Lancet*, 379 (9832): 2151-2161, 2012.
2. World Health Organization. "Newborns: reducing mortality" (Fact sheet No 333, May 2012). <http://www.who.int/mediacentre/factsheets/fs333/en/>, (accessed 2014-05-29).
3. Zambia Central Statistical Office. "Zambia Demographic and Health Survey (ZDHS) 2007". http://countryoffice.unfpa.org/zambia/drive/2007_zdhs_final_report.pdf, (accessed 2014- 07-01).
4. Ministry of Community Development Mother and Child Health: *Zambia Newborn Health Framework*, 2013.