

Coverage and determinants of newborn care practices within the continuum of care in Uganda

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Background

- Globally, 4 M neonates die every year or 40% of U5 mortality, 98% in developing countries
- 86% of causes are preventable: infections (36%), prematurity (27%) and asphyxia (23%);
- Uganda – 90,000 newborn deaths/still births/year; but high policy “know-do gap”

Aim of study

The aim of this study was to assess the determinants and the level of coverage of newborn care practices in order to inform national policy and the design of a community based intervention

Methodology -Study Site and Population

- Iganga-Mayuge DSS, 70,000 people in 12,000 households, 18 parishes, 65 villages
- Village based scouts notify of pregnancies, deaths and births as they occur
- Census is done every four months
- Served by Iganga hospital, 2 small maternity units, and 100 small clinics and drug shops

Design and methods

- Cross –sectional population based study
- Interviewed 403 mothers with babies 1-4 months on newborn cares
- S/Economic data collected as part of regular DSS surveys
- Analysis: Principle component analysis, bivariate and multiple logistic regression
- Outcomes: place of delivery; essential newborn care practices

Baseline characteristics

CHARACTERISTICS	TOTAL N = 413	%
Age	N= 393	
<19	35	8.9
19 – 25	138	35.2
26 – 30	113	28.8
>30	106	27.4
Marital status	N=321	
Married/Living together	291	90.7
Not married	30	9.4
Tribe	N=403	
Soga	325	80.6
Other	78	19.4
Education	N=310	
No education	39	12.6
Primary	208	67.1
Secondary	63	20.3

Antenatal care Practices

CHARACTERISTIC	%
4 ANC visits	30.4
1 st ANC visit 2 nd or 3 rd Trim	86.5
Tested for HIV in ANC	58.3
TT at least once pregnancy	76.8
Took drugs for anaemia	38.5
ITN use in pregnancy	41.2
ITN use after delivery	47.3

Neonatal care Practices

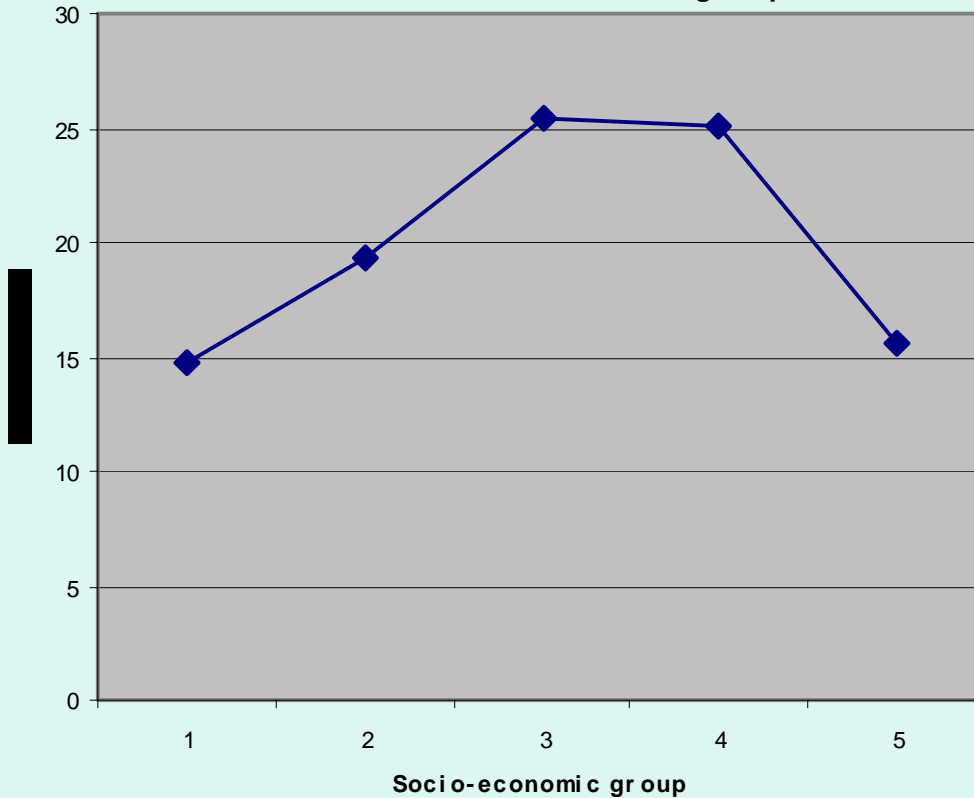
CHARACTERISTIC	%
Labour started at night	52.4
Facility delivery	48.3
Safe cord care	41.8
Baby kept warm at birth	35.2
Good neonatal feeding	29.6
Baby received 6 or more interventions (out of 12)	42.4

Neonatal care Practices

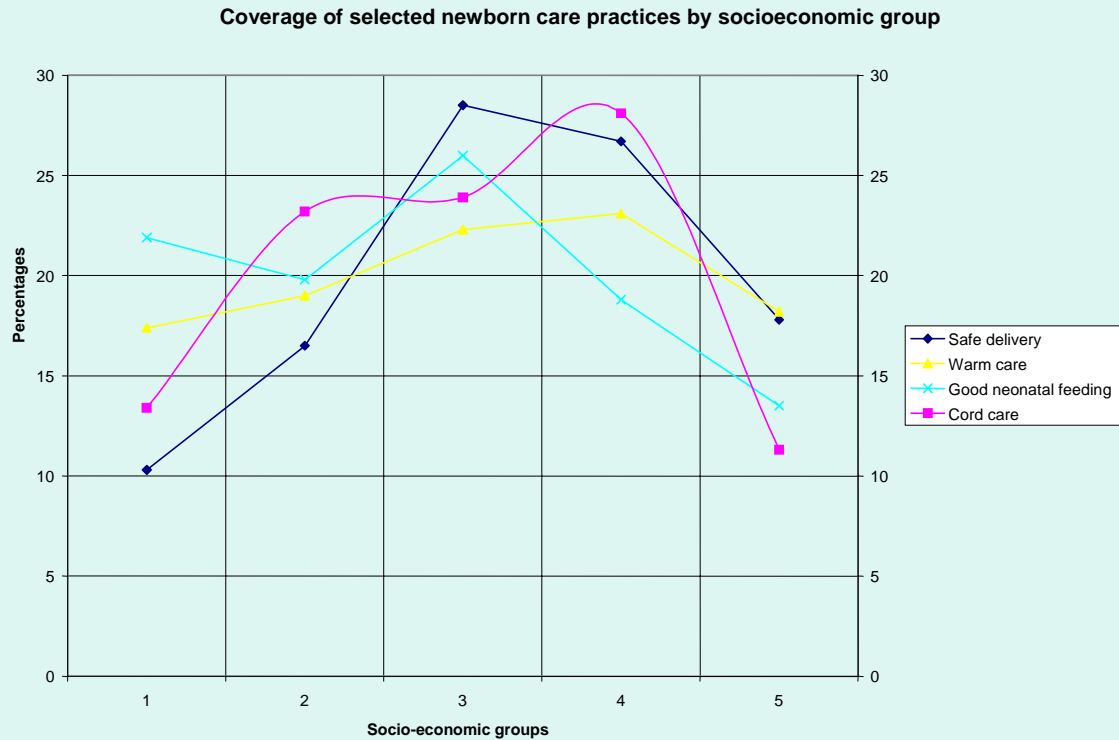
CHARACTERISTIC	%
Surface of delivery clean	65.8
Cord cut with clean instrument	85.1
Cord tied with clean instrument	86.5
Substances applied to cord	49.1
Bottle feeding in 1 st month	10.7
Exclusive b/feeding in 1 st month	34.6
Baby done skin to skin care at birth	2.0

Percentage of Neonates receiving 6 or more child-survival interventions, by socioeconomic group

Percentage of Children receiving child-survival interventions, by socioeconomic group



Coverage of newborn care practices by socioeconomic group



Determinants of facility delivery in multivariate models

- Higher S/E status
 - 3rd Q: OR 2.3, CI 1.0 -5.0;
 - 4th Q: OR 4.6, CI 2.0 – 10.4;
 - 5th Q: OR 3.5, CI 1.4 -8.3
- ANC 3 times: OR 2.6, CI=1.1 - 6.5
- Distance < 5 km: OR 2.8, CI=1.3-5.7

Determinants of safe cord care in multivariate models

- Having 1-2 children
 - OR 2.6, CI=1.1 - 6.5
- Mothers whose labour begun at night were less likely to have safe cord care
 - OR 0.6, CI 0.40 - 0.92

Determinants of warm care and good neonatal feeding in multivariate models

Determinants of warm care

- Attending ANC 2-3 times compared to once
 - OR 4.1, CI 1.52-11.0

Determinants of good neonatal feeding

- Not having an HIV test was associated with good feeding practices
 - OR 1.8, CI 1.1-3.0

Discussion-1

- Peri-urban setting with good health facility access
- High coverage of some ANC practices but questionable quality
- Postnatal care barely existent yet period greatest risk for mother and baby
- 50% deliveries at night with associated care access barriers
- Very poor neonatal care practices

Discussion - 2

- Coverage of practices lowest for the poorest and least poor (richer)
- Major determinants of newborn care are mainly access related factor such as Distance, labour at night, cost, utilisation, quality of care/counseling

Recommendations

- Ensure 3 or more ANC visits and counsel for facility delivery and neonatal care during ANC
- Develop strategies for access of the poor to delivery care especially at night
- Ensure availability of delivery supplies in health facilities
- Promote early postnatal care - possibly through community health workers

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