Strengthening practices that reduce hypothermia at birth: A case of Queen Elizabeth Central Hospital (QECH), Blantyre, Malawi

Edith Tewesa (MSc Mid, BSC Nag Ed., UCM)1, Esnath Kapito (MSc RH, BSc Nag Ed., UCM) 2, Ellen Chirwa (Phd)2

1Queen Elizabeth Central Hospital, Blantyre, Malawi. 2University of Malawi – Kamuzu College of Nursing.

Introduction

• Hypothermia at birth contributes significantly to neonatal morbidity and mortality in developing countries yet the most neglected aspect of care.
• At QECH 47% of neonates admitted to the neonatal unit had hypothermia.
• Contributing factors included inadequate drying at birth and inappropriate warming practices.
• Receiving towels were not included in the delivery packs, the mother’s nylon sheets were often used to dry babies,
• Inadequate resources like hats for the babies, linens, or educational materials on the risks of and ways to prevent hypothermia.

Aim of the project

• To reduce cases of hypothermia in neonates born at QECH through strengthening practices that reduce heat loss and promote warmth at birth.

Methods/Activities

• Neonatal unit admission temperatures were checked for neonates born at QECH from December 2016 to February 2017.
• Reinforcement of thermal protection practices at birth including thorough drying at birth, keeping babies warm and skin to skin contact for 1 hour after birth.
• Training of midwives and support staff
• Resources were mobilized which were receiving towels, hats, bed sheets
• Development of posters that enhance practice of reducing hypothermia (Figure 1).
• Inclusion of prevention of hypothermia in antenatal lessons (Figure 3).
• The Kouzes Posner model of change was used throughout the project.

Results and Discussion

• Cases with temperatures below 36°C, kept decreasing: 27.9% in December, January 26% and February 18.9% (Figure 2).
• Improved practices at birth were observed; these were thorough drying, routine practices of skin to skin contact for stable neonates: availability of receiving towels, hats, and posters in labour ward.
• Only 5.9% of neonates born at QECH between December 2016 and February 2017 were admitted to the neonatal unit with temperatures between 32 and 34.9 degrees Celsius, compared to 30% of those referred from other facilities.
• There is need to roll out the project to referring health centres.

Conclusions

• Leadership skills and mentorship are very vital for quality care
• The practices strengthened in this project will assist in improving survival rates of neonates.
• There is need for collaborative efforts from different stakeholders to reduce neonatal hypothermia in resource-limited settings.

Acknowledgements

• We thank STTI, Johnson & Johnson, Fundisa, Professor Ellen Chirwa, QECH management, midwives, clinicians & support staff working in the maternity unit, PACHA, Fattan off set printers, B. Mosiwa, N. Moyo, Fiona Benzie and other well wishers for their support and contribution towards the project.

References


Contacts

E.Tewesa, email: etewesa@gmail.com, Prof. Ellen Chirwa, Email: embweza@kcn.unima.mw Esnath Kapito, Email: esnathkapito@kcn.unima.mw

Figure 1: poster on practices that prevent hypothermia at birth

This poster promotes skin-to-skin care of neonates.

Figure 3: Teaching Session on hypothermia in antenatal ward

Figure 2: percentage of neonates admitted to the neonatal unit who had hypothermia