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# Limpopo Initiative for Newborn Care (LINC)

## Sharing stories, experiences and practices from the field—implementing HHAPI-NesS

One of the many highlights for LINC in 2015 is the compilation of its first promising practices booklet. *'Improving Newborn Care the HHAPI-NesS way'* is a collection of experiences, stories, practices and recommendations from the dedicated and passionate managers, doctors, nurses and district clinical specialist teams who as leaders are committed to ensuring that we achieve improved and more equitable care for newborns in South Africa. It is through their leadership that change is happening; they know that for change to happen there needs to be a shared vision and ownership at each level, including the community.

This newsletter is dedicated to giving you a glimpse of some of the interesting and inspirational stories that were shared and documented in the booklet.

It will hopefully entice you to get a copy of the booklet!

Happy reading!

### Piloting Pumani bCPAP in Limpopo

LINC has received a donation of 8 Pumani bubble Continuous Positive Airway Pressure (CPAP) machines for use in hospitals in Limpopo Province. This donation has come from the Friends of Sick Children, Queen Elizabeth Central Hospital, Blantyre, Malawi, who have donated the equipment with the generous support of Glaxo Smith Kline and Save the Children. LINC purchased an additional 24 bCPAP machines with funding from ELMA which have been distributed to district and regional hospitals that do not have medical air.

The Pumani bCPAP machines were designed for use in Malawi by a team including paediatricians working in Malawi, and a technical team from Rice University in Texas. The machine was designed for use in settings where there is only an oxygen supply (often from a cylinder) and no piped medical gas and oxygen with a blender. The Pumani bCPAP contains an air compressor, and the percentage of oxygen can be adjusted from 21 – 90%.

In October 2015, a team from Rice University and Malawi trained paediatricians, nurses and DCST on the use of the bCPAP technology. The hospitals that have received the bCPAP machines have been enthusiastically using them to save the lives of babies. A formal evaluation is on the use of the bCPAP in Limpopo is underway, and it is anticipated that this will be a solution for many of the hospitals that do not have access to medical gas.

Watch this space for the results!!



# Good leadership is the key to strengthening health systems

*If your actions inspire others to dream more, learn more, and become more...you are a leader*  
~John Quincy Adams

## **The story of Butterworth Hospital— from zero to hero...**

A success story is that of Butterworth Hospital in Amathole District of the Eastern Cape which successfully motivated for and secured funds to implement critical aspects of HHAPI-NesS such as infrastructure improvement and procurement of essential equipment and supplies for newborn care, through the incessant motivation of the CEO and DCST.

– “Butterworth is a good story. The bottleneck report compiled by Dr Greenfield in 2014 recommended that resources be procured for newborn care. The district then motivated to province for a budget to procure the equipment and when the budget was activated in April, it was sent straight to the hospital. The DCST actually motivated to the District Manager and the district manager caught onto the vision and thus motivated at province”.

The LINC team accompanied the Amathole DCST for a facility support visit to Butterworth Hospital in June 2015 and witnessed first-hand the results of good advocacy and mentor-

ship by DCST. The hospital has established a working group led by the CEO and consisting of the clinical manager, matron, advanced midwife, maintenance manager, infrastructure manager and infection control manager. The CEO is actively involved in the group, attending meetings and holding each team member accountable for addressing bottlenecks identified in the Facility Assessment and



Support Tool (FAST). Within record time, funds were identified and allocated for infrastructure upgrades, purchasing equipment, recruiting additional medical and nursing staff,

adapting and printing the newborn admission book (personal funds were used for printing the book), and drugs and supplies.

The working group had full knowledge of the norms and standards for newborn care and were fully committed to ensuring that the hospital complied. Each working group member internalized the need to address bottlenecks that were in their sphere of control, and this was evident in the manner

in which they reported on progress made to this end. The team certainly understood

the concept of a team being as strong as the weakest link and each ensured that they contributed equally to the strength of the whole.

## **Facility Assessment and Support Tool (FAST)...is it enabling improvement in newborn care?**

The Facility Assessment and Support Tool (FAST), which is the facility-based tool, is an important component of the LINC support to DCSTs in identifying bottlenecks in providing optimal newborn care services. The process involves engaging facility management and clinical and nursing staff involved in the care of the newborn. It is an enlightening experience for many managers and staff to objectively assess their facility's level of conformity to norms and standards for newborn care, as they are more often than not of the impression that they are mostly conforming.

FAST, used to assess newborn care

and support improvement thereof, is based on the national norms and standards as articulated in the Essential Newborn Care Quality Improvement Toolkit 2013 (toolkit). The toolkit is a powerful advocacy tool in the hands of DCST and implementers. The LINC support to the EC, Limpopo and FS has relied heavily on the toolkit to create a vision for newborn care and advocate for newborn improvement plans. It is one thing, as an outsider supporting a province, district or facility, to identify gaps and bottlenecks, and present such to managers and implementers who are of the opinion that they are providing

services of a fair quality and standard – doing the best that they can with what they have. Their receptiveness to identified gaps and bottlenecks increases significantly once they are assessed against national norms and standards (toolkit). This is especially evident when managers and implementers form an integral part of the identification of bottlenecks using FAST, which contains the norms and standards for HHAPI-NesS.

LINC is in the process of assessing the effectiveness of FAST as a monitoring tool, with a view to improving its user-friendliness and effectiveness facilities and districts.

Watch this space for the results!!

# Improving intrapartum care in Nelson Mandela Bay and Amathole Municipality

Nelson Mandela Bay Metropolitan (NMBM) identified birth asphyxia as one of the major drivers of neonatal deaths in the district. A stamp was developed and distributed to all MOUs and staff were trained on the interpretation of the CTG. The stamp indicates when vital signs such as heart rate should be checked. The MOUs have also been mandated to audit at least 10 partograms and maternity records per month.

An audit of ANC revealed that hypertension was a key challenge, which results in early deliveries. This issue has

been resolved through equipping all MOUs with eclampsia boxes and stocking all MOUs with antenatal steroids. These interventions have seen a reduction in the rates of birth asphyxia and reduced maternal mortality rates due to hypertension in the district.

Butterworth Hospital in the Eastern Cape is making concerted efforts to improve newborn care at the facility, but they still fall short of meeting their neonatal targets due to referrals from PHC facilities. The DCST has now focused their attention on capacitating

the feeder clinics/CHCs. Road shows are being conducted at PHC facilities to teach them about pre-term labour, how to assess patients, how to transfer patients, and conducting fire drills on pre-term labour – “we want them to be confident about plotting growth, and if the babies are too small, for them to refer/transfer appropriately”.

## Using Doulas to improve intrapartum care—the story of Manapo Hospital

The evolution of medicine and increased burden on the health care system has resulted in reduced time that a mother has contact with a nurse during labour. One study revealed that mothers expected a health professional to spend a minimum of 53% of her time supporting her during labour, whereas only between 6-10% of the nurse’s time was allocated to actively supporting the mother.

Doulas, who are birth companions and post-birth supporters, are non-medical persons trained to provide support to women during labour, birth and in the immediate postpartum period. They reduce the need for epidurals, caesarian sections and promote a positive birth experience.

Manapo Hospital in the Free State, through the leadership and championing of the Head of Nursing, Sr Matshoba, initiated the Doula’s of Qwa-Qwa (DOQWA) project, in partnership with a local NGO called Phekokakopanelo. The intervention was prompted by dire shortage of staff in the maternity unit of the hospital, with very little prospects of recruiting additional nurses; patient complaints in the unit; and poor maternal outcomes.

– “I have these 2 nurses on duty that have to admit C-section patients, go to theatre and what have you. So who looks after these patients in the meantime? I need the eyes, the

*ears, the voice that can call the sister”.*

Phekokakopanelo showed a keen interest in supporting maternal health and sourced funding to recruit and train CHW as Doulas. The training programme runs for 2 days and focuses on emotional and physical support for the mother during labour, birth and post-birth, releasing the nurses to focus on clinical care.

– “One of my issues was that patients would die on the floor, others would deliver on the floor. Then I said, we need this cadre that would be there to welcome the patient, say welcome to Manapo Hospital, while 2 or 3 nurses are busy delivering, busy doing C-sections. Doulas will prepare the beds for the patients and do all these other things that are non-clinical, but important for the mother”.

DOQWA was launched during Women’s month (August) in 2014 with a group of 25 volunteers. The project has been commended for its benefits by both maternity staff as well as mothers and community members.

– “Presence of Doulas have helped us so much that we even wonder how we used to cope without them especially due to gross shortage of staff which poses a lot of adverse events”; “There is somebody who welcomes the clients and family. No longer a

*process where patients have come in unnoticed and left unattended until they deliver there”*

LINC has embarked on piloting a Doula project at one of the hospitals in the Vhembe District in Limpopo. The process will be documented to extrapolate best practices, which will be shared on various platforms including future newsletters.

# Promoting skin-to-skin through KMC/ KFC at Malamulele Hospital

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Kangaroo Mother Care (KMC) is the care of preterm infants carried skin-to-skin with the mother. It is a powerful, easy-to-use method to promote the health and well-being of infants born preterm as well as full-term. Its key features are:

- ⇒ early, continuous and prolonged skin-to-skin contact between the mother and the baby;
- ⇒ exclusive breastfeeding (ideally);
- ⇒ it is initiated in hospital and can be continued at home;
- ⇒ small babies can be discharged early;
- ⇒ mothers at home require adequate support and follow-up;
- ⇒ it is a gentle, effective method that avoids the agitation routinely experienced in a busy ward with preterm infants.

Malamulele District Hospital in the Vhembe District of Limpopo has been commended for not only promoting KMC of a high quality, they are also excelling in encouraging fathers and relatives to provide skin-to-skin/KMC/KFC to newborns.

*- "We encourage fathers to KFC when they come to visit the mother. This makes the father to be a part of the child's care. We need fathers to be involved. We usually only involve the father in the financial support of the family. This must change".*

Malamulele Hospital has adopted and applied a family-oriented approach to caring for a newborn as opposed to a mother-driven approach. Relatives are encouraged to come to the hospital to accompany the mother and baby back to the community upon discharge. This is opportune for relatives to receive critical information to support the mother to care for the newborn. This is especially important considering the strong influence that relatives have on the health and development of the newborn post birth.

*"We teach them to KMC but when they are discharged they carry them away in a bassinet, and this is mainly due to the influence of the relatives";*

*"Another interesting thing about Malamulele is that the entire family is involved in the care of the newborn. You find that the grannies come to the hospital to collect the mother and baby, instead of the mother going home alone. I believe that supporting the mother contributes to the growth and wellbeing of the baby".*

Malamulele Hospital recognized the importance of not viewing mothers as patients, but rather to

## Coming soon...

### THE FUTURE - E-LEARNING PLATFORMS

To reach all the many health care providers at all our primary health care facilities and district hospitals, we will be developing E-learning and DVD based training materials that can be used on site and as self-learning.

### NEXT NEWSLETTERS

- ⇒ Care of preterm babies
- ⇒ Leadership for change in newborn care – Health systems issues
- ⇒ How maternal care can improve newborn care

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