The Family-Led Care Model: Promoting Improved Preterm/Low Birth Weight Newborn Outcomes in Low Resource Settings

Every Preemie—SCALE
SCALING, CATALYZING, ADVOCATING, LEARNING, EVIDENCE-DRIVEN
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Every Preemie—SCALE

• Five-year USAID/W award designed to support practical, catalytic, and scalable approaches to expand the uptake of preterm birth (PTB) and low birth weight (LBW) interventions in 23 USAID priority countries in Africa and Asia.

• Our mandate is to shine a spotlight on PTB/LBW within maternal and newborn health interventions and approaches.

• To advance this agenda, Every Preemie is working within established health service delivery systems and community platforms, particularly in Malawi.
Why Focus on Preemies?

• **15 million babies** are born preterm every year.

• 1.1 million babies die every year due to complications of prematurity – **75% of these deaths are preventable.**

• Complications of preterm birth is the leading cause of newborn death and the leading cause of death among children <5 worldwide.

• Neonatal mortality in **Malawi** is 29/1000 live births and accounts for 40% of the <5 five mortality. Prematurity is up to 20% of live births.

Optimizing Survival

• More than 85% of the world’s preterm infants are born between 32 and 37 weeks of gestation.
• Many newborns at that gestation can survive without complex technology.
• However, diligent attention must be paid to **three critical elements:**
  1. Thermoregulation, best accomplished through skin to skin care;
  2. Infection prevention; and
  3. Adequate feeding and nutrition through exclusive breastfeeding.
Breastfeeding the Preterm/LBW Newborn

• Human milk is always the best nutrition for infants.
• Benefits are even more profound for sick and/or preterm newborns:
  o Nutritional
  o Gastrointestinal
  o Immunological
  o Developmental
  o Psychological
Breastfeeding the Preterm /LBW Newborn

- Preterm human milk contains more proteins, lipids and calories than term milk, a difference that persists through at least 29 days.

- Preterm newborns who receive human milk have protection against sepsis and necrotizing enterocolitis (NEC).

- Human milk enhances infant intelligence.

- Preemies placed in skin-to-skin care, even when cup or gavage fed, have higher oxygen saturation rates and higher temperatures.

- With skin-to-skin care, mothers’ milk production can be improved and increased.
Family-Led Care:
A family/provider model of care to improve outcomes for preterm/LBW newborns

- The Family-Led Care model was designed by Every Preemie in partnership with the Malawi MOH and will be implemented in the Balaka district.
- The Family-Led Care model is designed to:
  - **Empower families** to more actively and skillfully participate in facility- and home-based care
  - **Enhance facility-based provider skills** and quality of care for early/small newborns;
  - **Improve linkages between facility and community by strengthening post-discharge care** at the community and household level through engagement of Care Groups, Health Surveillance Assistants (HSAs) and strengthened referral pathways.
Family-Led Care: Empowering Families

• Primary emphasis is on building confidence and ability of mother and family to monitor and care for the early/small newborn, recognizing what is needed for nutrition, warmth, infection prevention and follow-up.

• The model includes the design and use of tools, e.g. provider counseling checklists for KMC admission and discharge, and family-friendly newborn care monitoring forms –designed for low literacy populations.

• Messaging and skills building focuses on the primary elements of preterm/LBW newborn care including human milk feeding/breastfeeding.
Family-Led Care: Empowering Families

Elements to encourage exclusive feeding of human milk are:

• Family support through counseling and education

• Establish and maintain milk supply through immediate (within 6 hours after birth) and frequent (8-12 x/day) expression of breast milk

• Support to feed breast milk to infant through cup or gavage, dependent upon size of newborn at birth
Family-Led Care: Empowering Families

- Skin to skin care for newborns with mother, other family members and other caretakers
- “Non-nutritive” sucking at the breast
- Transition to breast
- Evaluating weight gain
- Preparation for discharge
- Frequent, intensive follow-up
Family-Led Care: Enhancing Quality of Care

Encouraging **quality of care** in the **health facility**:

- Building clinical capacity with quality improvement processes
- Job aides, guidelines and patient information designed to be readily accessible to any cadre of health worker in the facility
- Ongoing monitoring of infant by health workers supported through easy-to-use documentation
Family-Led Care: Improve Linkages Between Community and Facility

Linking the facility and community for continued care of the early/small newborn:

• Standardized discharge planning for families

• Mother and family support provided, with low-literacy materials, to encourage follow-up and recognition of newborn danger signs

• Referral of families to follow-up care and notification to HSAs and community Care Groups of early/small newborn discharge from facility.
Discussion