FCC: Challenges & Opportunities
Care of the Small and Sick Newborn Community of Practice
Room Assignment

1. Acceptance, motivation and partnerships:
   • Nathalie Charpak
   • Goldy Mazia
   • Courtney Rodrigues

2. Infection prevention within sick newborn units:
   • Robert Dreibelbis
   • Steve Sara
   • Zoha Malik

3. Conducive family centered infrastructure, including commodities:
   • Queen Dube
   • Steve Wall
   • Mridu Pandey
Room 3 Notes:

Opening Discussion:
Newborn units in Sub Saharan Africa and Asia are full and 3-4 babies share the same warmer. There is a push for Kangaroo care although we are not prepared infrastructurally for KMC, babies in boxes are close together. Need to think about a family centered approach. Thinking about spaces for moms and other family members and maybe another baby.

Think about recreation
Think about keeping babies close to moms
Think about food for moms and family
Thinking beyond hospital facilities.
Conducive infrastructure/commodities

Room 3 Notes:

Qn 1: What about education of parents to be able to provide care at home. Ans: Moms are v free with nurses and midwives. *(May be group counseling)*

Qn 2: Is nicu supposed to be small as in my African setting? Ans: No. But the newborn has been forgotten for a long time and thinking about a neonatal unit is only starting and growing now. We need better planning.

Qn 3: Can you comment more about immediate KMC and how it changes nursing staffing to look after both the baby and the post-partum mother.
Ans: Nursing nos. will change. Post partum moms some with C section will be there needing care. *More nurses needed. Moms smile and satisfaction is a powerful advocacy tool.*
Room 3 Notes:
Q4: How are the moms being trained about kmc and the benefits?
Ans:
Q5: Please comment on follow up care after discharge: Feasibility of bringing the S&S neonate to health facility for review
Ans: in some place f/up care is reduced to weighing and we need to think about f/up packages and improving QoC.
Room 3 Notes:

Q6: You mentioned the neonate ward was an ‘after thought;’ what was the process for advocating for any space to begin with? Was it select beds within another unit and then grew? Or how did a neonate unit form in Malawi, for example?

Ans: **We will need serious advocacy I coming times. so that moms and babies are not separated. Show policy makers with examples.** An example is engaging the management team at district hospitals.

Example We have found in China and Kenya that there is a need to have hospital managers involved from the beginning, when they realize the importance of KMC and FCC they can be very supportive of negotiating space. Heavily invest in mentorship of people on the ground and sharing powerful data with ministry and other stakeholders. **Have data to show and prove that this is a worthwhile investments, with good floorplans, focus on infrastructure and government wants to push it as its own thing.** Issue not just about space but also thinking about sustainability and therefore move out of project mode and talk to hospital managers. Ensuring that this is retained in budgets.
Conducive infrastructure/commodities

Room 3 Notes:

Q7: What are the key steps to keep family-centered care safe in the time of COVID-19? is zero separation campaign feasible in African setting?

Comment Example: in Pakistan there is a major issue o separating mother and newborn with suspected COVIDWe are trying to encourage breast feeding and WHO videos and IEC material are extremely helpful

Also created was is called COVID unit
Room 3 Notes:

Q8: What low cost family centered interventions can have high impact in subsaharan setting

Ans: If we can **empower low level facilities**, lower than district then you reduce the burden in central facilities. Think how best to improve in low level facilities.

Q9: What are the key steps to keep family-centered care safe in the time of COVID-19?
Thank you!