





STUDY BRIEF

Early Outcomes among Newborns Discharged from Facility-Based Kangaroo Mother Care (KMC) in Malawi

Background

KMC is an evidence-based approach recommended by the World Health Organization to reduce mortality and morbidity in low-birth-weight (LBW) and preterm infants. Although KMC has been implemented widely in Malawi for several years, information on outcomes of LBW and preterm babies discharged from KMC and the extent to which families adhere to recommended KMC practices and follow-up care is limited. It is therefore important that outcomes post-discharge, adherence to KMC at home, and levels of follow-up care are understood

in Malawi. This information will better inform policymakers on what strategies need to be put in place to improve follow-up care and adherence with KMC practices post-discharge.

To collect this essential information, a study will be conducted at Queen Elizabeth Central Hospital (QECH), a referral hospital in Blantyre, and Bwaila District Hospital in Lilongwe.



A mother practices KMC at QECH in Blantyre.

Study objectives

The primary objective of the study is to describe the morbidity and mortality outcomes and their associated factors among young infants discharged from facility-based KMC at QECH and Bwaila. Secondary aims are:

- To determine the rate of weight gain postdischarge from facility-based KMC,
- To describe adherence to recommended KMC practices and follow-up care by mothers and other caregivers at the community level,
- To describe barriers and identify factors that affect caregiver adherence to KMC practices at community level, and
- To determine impact of HIV exposure on the mortality rate at one month post-discharge from facility-based KMC.

Methodology

This is a hospital-based prospective cohort study to follow up with babies discharged from facility-based KMC until two months post-discharge. The study will enroll 300 eligible LBW young infants (birth weight less than 2000g) who are discharged alive from facility-based KMC and their caregivers. The primary outcome variable will be mortality measured at two months post-discharge. Quantitative data on study outcomes will be collected through record reviews and structured interviews with mothers at discharge and 30 and 60 days post-discharge. Qualitative data on perceived barriers, levels of support, and other factors will be collected through in-depth, structured interviews with mothers.

Dissemination and use of results

The results of this study will be provided to the participants, the Department of Pediatrics at the University of Malawi's College of Medicine, the maternity sections at Bwaila and QECH, and the Ministry of Health. Results will be also be presented at College Research Dissemination Day and international conferences. Study investigators will work with community advisory groups to relay the results of the study to the communities from which the study subjects are recruited, the public at large, and other stakeholders. The results will be published in a peer-reviewed international scientific journal and will be used to improve implementation of KMC services, especially services post-discharge, at facility, community and district levels.

Study timelines

The study received ethical approval in July 2015 from the College of Medicine Research and Ethics Committee (COMREC) and will be conducted over a one year period from September 2015 to August 2016. It is anticipated that two months will be required for start-up; six to eight months are needed for enrollment and follow-up; and two months are required for data analysis and reporting.

Study partners

This study will be conducted as a partnership between Save the Children Malawi, the Malawi College of Medicine, and the Reproductive Health Department of the Ministry of Health with support from Save the Children US. Save the Children will be responsible for overall implementation of the research and the analysis of the research findings.



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