

# Validated Standards of Care



# Objectives

- Highlight the validated standards of newborn care for Kenya

# Standards of Care

- Adapted from;
  1. Standards for improving quality of maternal and newborn care in health facilities - WHO 2016
  2. Standards for improving the quality of care for small and sick newborns in health facilities – WHO 2020
- There are 7 validated standards of care that should be appropriately implemented to give high quality of care to newborns

# Standards of Care

**The 7 standards are;**

1. EVIDENCE-BASED PRACTICES FOR ROUTINE CARE AND MANAGEMENT OF COMPLICATIONS
  - a) Every newborn should receive evidence-based care immediately after birth consistent with the national guidelines.
  - b) Every small and sick newborn should receive evidence-based care consistent with the national guidelines.
2. ALL NEWBORNS ARE SUPPORTED TO HAVE SUCCESSFUL BREASTFEEDING

# Standards of Care

**The 7 standards are;**

3. ALL NEWBORNS RECEIVE CARE ACCORDING TO STANDARD PRECAUTIONS FOR PREVENTING HEALTHCARE ASSOCIATED INFECTIONS.
4. EFFECTIVE COMMUNICATION WITH MOTHERS AND THEIR FAMILIES, RESPECT AND PRESERVATION OF DIGNITY
5. USE OF ESSENTIAL NEWBORN TECHNOLOGIES
6. ACTIONABLE INFORMATION SYSTEMS
7. FUNCTIONAL REFERRAL SYSTEMS

# Standard 1a

## **Every newborn should receive evidence-based care immediately after birth consistent with the national guidelines.**

1. Each newborn receives care at birth from a qualified healthcare worker competent in providing immediate care of the newborn including resuscitation of babies with no spontaneous respiration.
2. All high-risk mothers are identified before child-birth. The birth is attended by two healthcare workers competent in providing care to the mother and immediate care of the newborn including resuscitation of babies with no spontaneous respiration.
3. Newborns who are not breathing spontaneously after initial stabilization be ventilated within 1 min of birth according to national guidelines (section 1.1).
4. The health facility has a suction device, at least two sizes of neonatal masks, a self-inflating bag (300ml) and sufficient supply of essential list of consumables at all times for the expected number of births (section 3.0).

# Standard 1a

## **Every newborn should receive evidence-based care immediately after birth consistent with the national guidelines.**

5. Staff in the labour and childbirth areas of the maternity unit receive in-service training and regular refresher sessions in resuscitation of a newborn not breathing spontaneously, essential newborn care and breastfeeding support at least once every 12 months. They receive at least monthly drills or simulation exercises in these domains of newborn care.
6. The health facility has local arrangements and a mechanism to maintain a documented room temperature in the labour and childbirth areas at or above 25°C and free of draughts.
7. Breastfeeding is initiated immediately for all eligible babies and uninterrupted skin-to-skin contact, with head and body covered, for one hour. All babies are fed within one hour of birth to prevent hypoglycemia (Breastfeeding, NGT and IVF).
8. All mothers are supported to recognize a sick neonate – the danger signs.
9. All newborns receive essential newborn care as per the national guidelines including weighing and temperature measurement other routine postnatal care.

# Standard 1a

## **Every newborn should receive evidence-based care immediately after birth consistent with the national guidelines.**

10. All newborns are given vitamin K, eye prophylaxis and cord care according to national guidelines.
11. All newborns are assessed for congenital abnormalities, managed appropriately and referred in a timely manner.
12. All newborns whose gestational age is unknown are assessed with an appropriate tool for scoring gestational age.
13. All mothers who are HIV negative should have their HIV status determined during labour/delivery. All newborns of HIV-infected mothers are given HIV prophylaxis and are fed appropriately according to national guidelines.
14. All staff working in neonatal units of a health facility have the necessary knowledge, skills and attitudes to provide infection prevention and control, basic resuscitation, kangaroo mother care, safe feeding and medications and positive interaction with newborns and communication with carers.



# Standard 1b

## **Every small and sick newborn should receive evidence-based care consistent with the national guidelines.**

1. All small and sick newborns are assessed for signs of respiratory distress, and a neonatal pulse oximeter is used to detect hypoxia or hyperoxia and to guide administration of supplemental oxygen to maintain oxygen saturation between 90% and 95%.
2. All small and sick babies receive EBM by NGT every 3hours as per the national guidelines (refer to section 1.5) and it is documented in the feeding chart after each feed. Those on IVF receive enteral feeds and progress as tolerated every 3hours as per the national guidelines and intake is documented.
3. The health facility has supplies and materials to provide optimal feeding to preterm babies and support for breastfeeding or alternative feeding.
4. The health facility has supplies and materials to provide optimal thermal care to stable and unstable preterm babies.
5. The health facility has space for KMC (preferably continuous) and families are supported to practice timely KMC.

# Standard 1b

## **Every small and sick newborn should receive evidence-based care consistent with the national guidelines.**

6. Mothers of all small newborns with a birth weight equal or less than 2000g are taught how to provide near-continuous kangaroo mother care. While all unstable newborns weighing less than 2000g who cannot receive kangaroo mother care in the health facility are cared for in incubators.
7. The health facility to have adequate stocks of medicines and medical supplies specific for small and sick newborns for routine care and management of complications e.g 1 mg vials of vitamin K, 10mg/20mg gentamicin vial.
8. All very low birth weight babies (less than 1500grams) are given vitamin D, calcium, phosphorus and iron supplements according to national guidelines.
9. Every newborn in the NBU is weighed on alternate days and discharge weight is documented in the discharge summary.
10. All carers of small and sick newborns have a dedicated area with supportive elements, including adequate space for kangaroo mother care, family-centred care, privacy for mothers to express breast milk and facilities for hygiene and laundry.

# Standard 2

## **ALL NEWBORNS ARE SUPPORTED TO HAVE SUCCESSFUL BREASTFEEDING**

1. Ensure that all health care workers handling pregnant women and newborns have sufficient knowledge, competence and skills to support breastfeeding.
2. Healthcare workers to facilitate a discussion with every pregnant woman and their families during the antenatal period on the importance of breastfeeding and risks of not breastfeeding
3. All mothers are educated on best breastfeeding practices: to initiate breastfeeding immediately after birth, breastfeeding techniques, expressing and storage of breast milk and cup feeding when mother is not able to breastfeed.
4. Enable mothers and their newborns to remain together 24hours (rooming in) to facilitate exclusive breastfeeding on demand.
5. Support mothers to recognize and respond to their infants' hunger cues.

# Standard 3

## **ALL NEWBORNS RECEIVE CARE ACCORDING TO STANDARD PRECAUTIONS FOR PREVENTING HEALTHCARE ASSOCIATED INFECTIONS.**

1. All mothers/carers observe infection prevention and control measures as per the national guidelines including implementing additional measures during outbreaks and pandemics.
2. Newborns SHOULD NOT share cots/incubators
3. The management of the health facility to support the staff, families and general public in hygiene facilities with appropriate placement of running water, soap, disposable towels, and/or sinks with running water and soap and/or alcohol based hand rub.
4. Health care staff in the childbirth and neonatal areas of the maternity unit receive training in standard infection control practices at least once every 12months.

# Standard 3

## **ALL NEWBORNS RECEIVE CARE ACCORDING TO STANDARD PRECAUTIONS FOR PREVENTING HEALTHCARE ASSOCIATED INFECTIONS.**

5. Newborns with suspected infection or risk factors for infection, are given antibiotic treatment promptly (within 30minutes of making diagnosis), according to National guidelines.
6. Water, sanitation, hand hygiene and waste disposal facilities are easily accessible, functional, reliable, safe and sufficient to ensure strict infection control and meet the needs of new-borns, carers and staff.
7. Hospitals with new born units shall constitute a multidisciplinary IPC team that will ensure strict IPC standards in the NBU and conduct regular surveillance for infections through review of lab data and regular swabbing.

# Standard 4

## **EFFECTIVE COMMUNICATION WITH MOTHERS AND THEIR FAMILIES, RESPECT AND PRESERVATION OF DIGNITY**

1. All small and sick newborns stay with their carers, with minimal separation, and the role of carers is recognized and supported at all times during care, including rooming-in during hospitalization.
2. The parents/carers receive all information about their baby's care and should feel involved in all decisions taken regarding their baby's treatment
3. All small and sick newborns and their carers experience coordinated care, with clear, accurate information exchange among relevant health and social care professionals and other staff.
4. All parents/carers of newborns should be empowered to make informed choices about the services their baby receive, and the reasons for interventions or outcomes are clearly explained.
5. Pain management for the babies should be given due attention if a painful clinical procedure is expected.

# Standard 5

## USE OF ESSENTIAL NEWBORN TECHNOLOGIES

1. All pieces of equipment must have a user manual from the manufacturer in the country's official language and should be accessible to the users.
2. All pieces of equipment are used as per the standard operating procedures (SOPs) and/or manufacturers recommendations.
3. All pieces of equipment have verifiable planned preventive maintenance (PPM) as per the manufacturer's recommendation.
4. All pieces of equipment are cleaned after use as per the SOPs and/or manufacturer's recommendation.
5. Proper forecasting of the need for accessories, spareparts and consumables is done to avoid out-of-stock periods.
6. Ensure that staff are competent in the correct and timely use of the available pieces of equipment.

# Standard 6

## **ACTIONABLE INFORMATION SYSTEMS**

1. Every newborn has a complete, accurate birth register
2. Every Newborn Unit submits a completed NBU Register Summaries form to the Sub-County Office by 15th of every month.
3. All live newborns regardless of their gestation age and birthweight have their birth notified and have an identity.
4. All newborns who die, and all stillbirths have their death notified
5. Every newborn has a complete, accurate standardized medical record (Newborn Admission Record form, Transfer form and discharge form).
6. Every NBU has a mechanism for data collection, analysis and feedback as part of its activities for monitoring and improving performance around the time of childbirth as well as in clinical care of the small and sick newborns.



# Standard 7

## FUNCTIONAL REFERRAL SYSTEMS

1. For newborn who requires referral, the referral follows a pre-established plan that can be implemented without delay at any time.
2. For newborn referred within or between health facilities, there is appropriate information exchange and feedback to relevant health care staff in the lower health facilities/or other referring facilities.
3. Every newborn who requires referral gets pre-referral care and is transferred in the kangaroo mother care position with their mother, when possible.

# Questions

# Summary

1. All 7 standards of care should be implemented appropriately in every facility where newborns are cared for