



Care seeking behaviors and hypothermia risk factors in deceased neonates born at home

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Background

- In developing countries nearly 1/2 of all mothers and newborns do not receive skilled care during and immediately after birth.¹
- Circumstances of community deaths are not well known, many having no contact with health system
- Rwanda has 3 Community Health Workers (CHWs) per village
- Interventions to combat neonatal hypothermia are being promoted, mainly in facilities
 - CHWs trained on taking neonatal temperature and weight



Understanding what is happening in the community

- Verbal and Social Autopsy (VSA) research to study circumstances and probable causes of under 5 (U5) deaths – facility and community
- Insight into community deaths, and how interventions like KMC can promote neonatal survival



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Objectives

To describe:

- hypothermia risk factors
- care seeking pathways of families
in deceased neonates born at home



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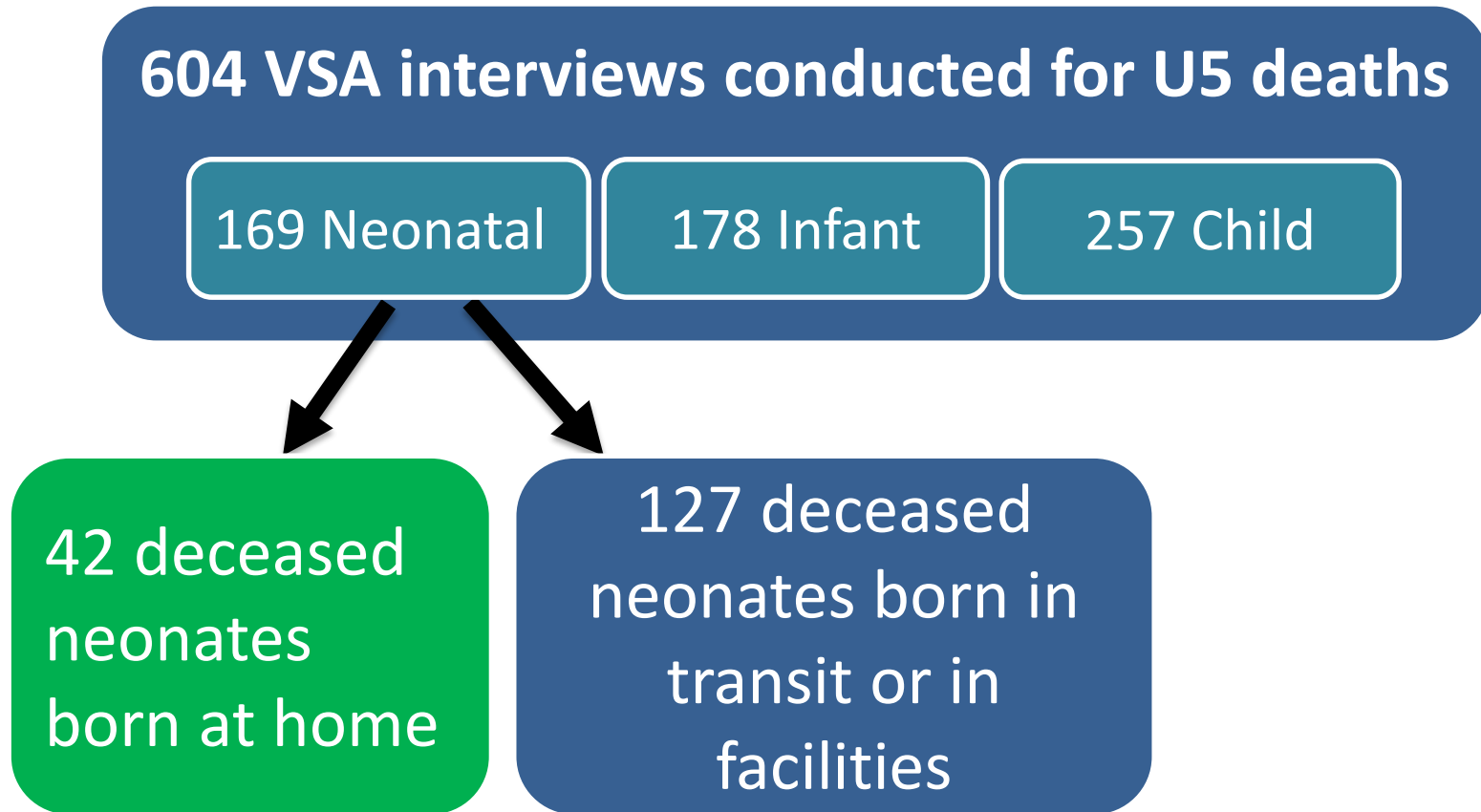


Methods: VSA

- VSA is structured interview to explore signs, symptoms and context of death
 - Rwanda VSA based on WHO 2012 Verbal Autopsy Tool + MOH death audit, DHS questions
- U5 deaths identified over a 1 year period in two rural districts in Rwanda (Kirehe and S. Kayonza)
 - Triangulated community and facility data sources
 - Quantitative data collected on tablets, and narrative recorded for qualitative analysis



Study Sample: neonatal home births



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- A sub-sample of neonatal deaths born at home assessed for
 - **Hypothermia Risk Factors:** Preterm (<34 weeks), Smaller than normal size, Cold to touch before dying
 - Care seeking patterns
 - Site of death
- Qualitative analyses focused on pathways and barriers to reaching care



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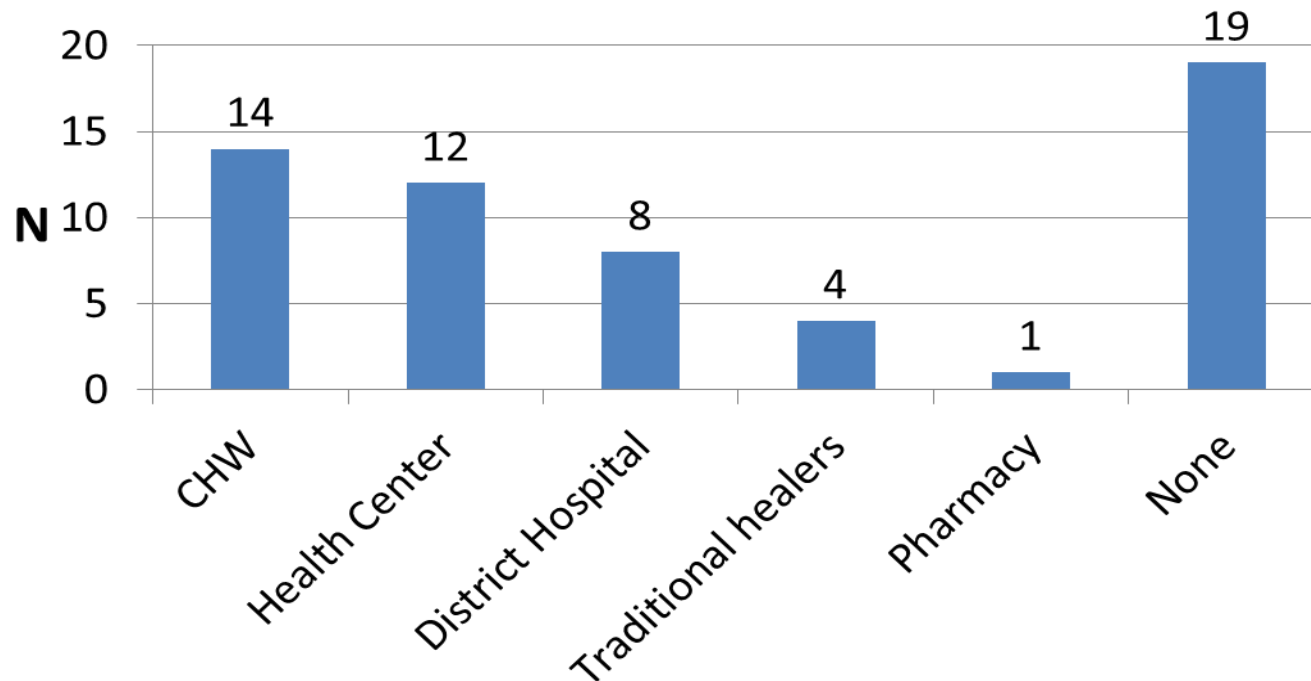


Results: Reported hypothermia risk factors in deceased neonates born at home (n=42)

Risk Factor	N	%
Prematurity (<34W)	15	36
Small size at birth	11	26
Cold before dying	18	43
Either premature and/or small	20	48
Any of 3 Risk Factor Present	29	69



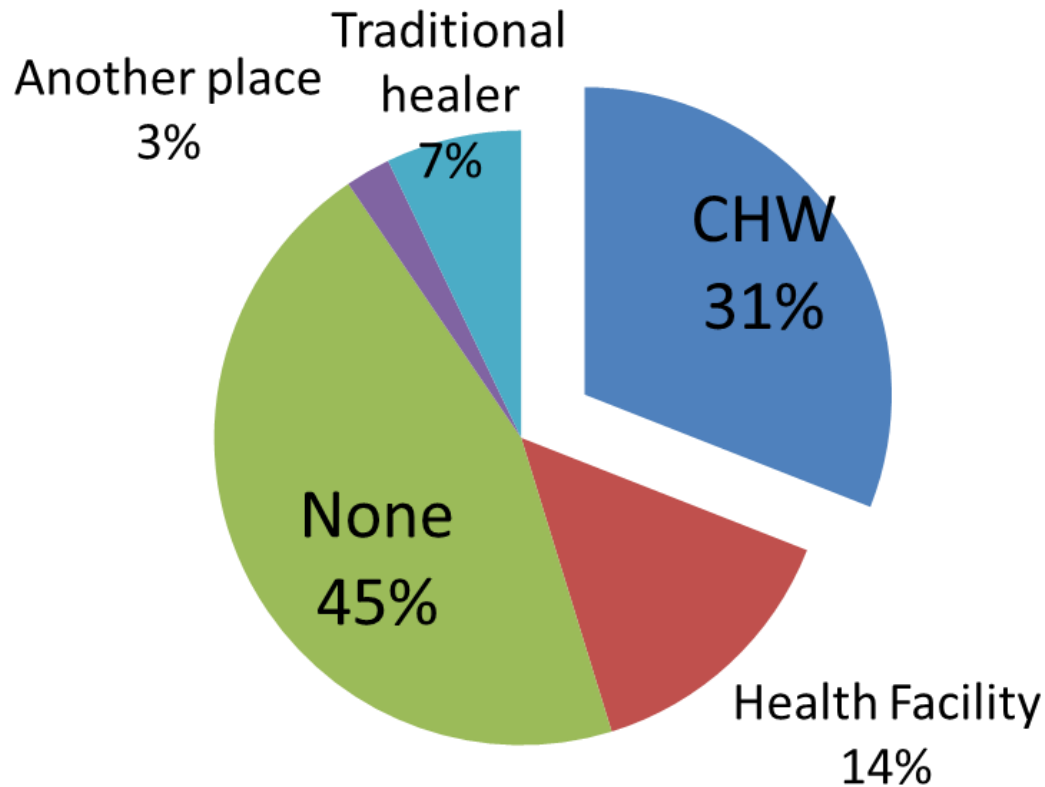
All providers visited for deceased neonates born at home (n=42)



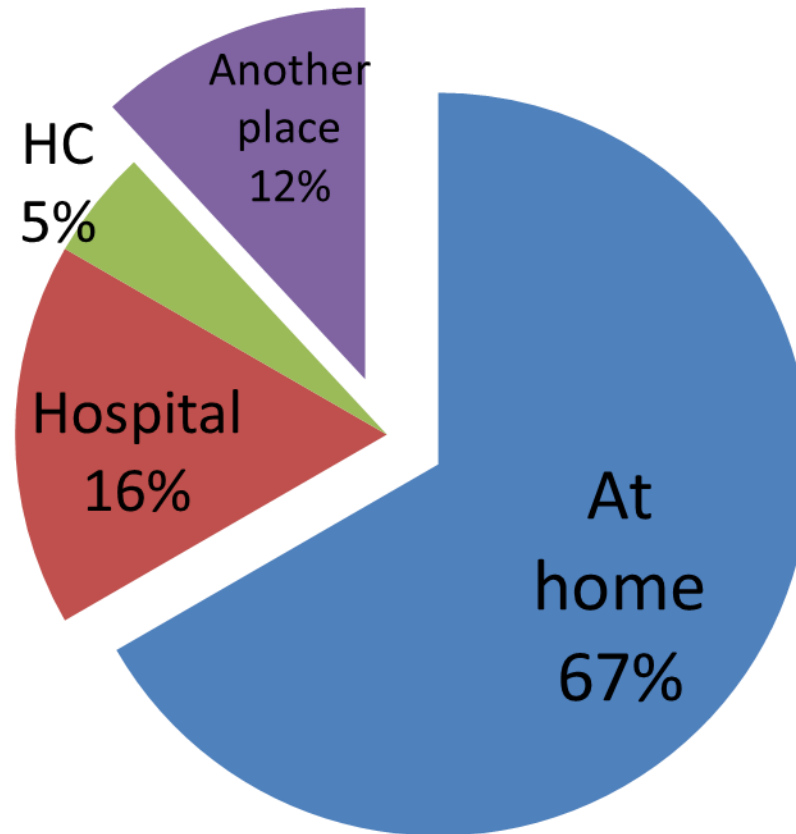
7 families only sought care from a CHW



First provider visited for deceased neonates born at home



Location of deaths for neonates born at home



Obstacles to care and opportunities for intervention

“It was at night, I called the CHW so that she can take me to the health center. ... I felt a huge contraction then the first baby was born. No one helped me because I knew what to do. Meanwhile I was waiting for the placenta to come out, but I had to wait 2 hours. Then I had kind of the same contraction the second baby was there and I was surprised. She wasn't moving at all with so little breath. We didn't do anything because it was at night and we weren't seeing much; the light wasn't enough. Then later when I was clean, an hour later, I went to check on her. She was too cold, the CHW told me she is dead”

- Mother



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Conclusions

Given the

- Prevalence of hypothermia risk factors among deceased neonates born at home,
- Increased chance of premature deliveries outside of facilities,
- Varying travel times to facilities,
- Presence of CHWs in every community

CHWs are well-placed to promote KMC and contribute to neonatal death reduction



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