



Expert Mother for Effective KMC Implementation in Rural District Hospital in Rwanda: Case of Kirehe District Hospital

Yves Bazingingo, Francine Mwamini, Monique Mukarubuga, Hema Magge, Evrard Nahimana, Francois Biziyaremye, Aphrodis Ndayisaba, Masudi Ngendahayo, Anatole Manzi

Outline

- Overview
- Methods
- Results
- Conclusion

Overview

- The majority of the 2.9 million babies that die each year worldwide during the neonatal period (0-28 days) live in low- and middle-income countries
- Hypothermia at birth is one of the most important risk factors for morbidity and mortality in newborn infants
- In Rwanda hypothermia is one of top ten causes of neonatal death

Limitations in KMC implementation in neonatal ward: Baseline findings

- **Limited staffing**

- Low nurse/patient ratio limits the time for KMC education to mothers or caretakers

- **Critical nursing care**

- Limited time to comprehensive KMC education to newly admitted babies. Nurses pay much attention to the utmost care of the critically ill or unstable babies

- **Limited time to model best practices**

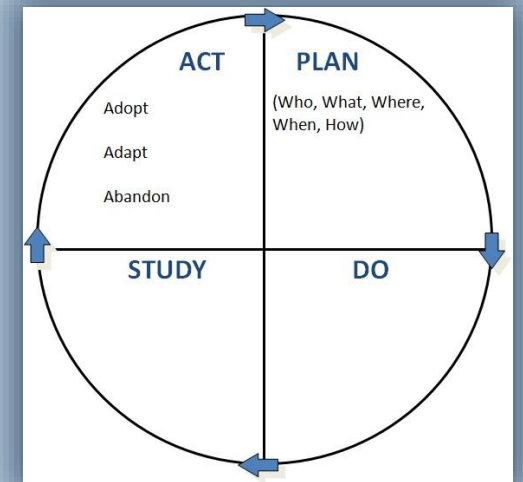
- Overstretched, often times, clinical teams do not have time for in-depth demonstration

Using PDSA cycle to Improve in-patient KMC

- **Problem:** Only 20% of neonates admitted in neonatal ward were in KMC (May and June 2014)
- **Objective:** Improve the % of neonates in KMC position from 20% to at least 80% within 3-4 months.
- **Priority root cause:** Nurses reported to have limited time to educate each admitted caregiver/mother

Using PDSA cycle to Improve in-patient KMC (con't)

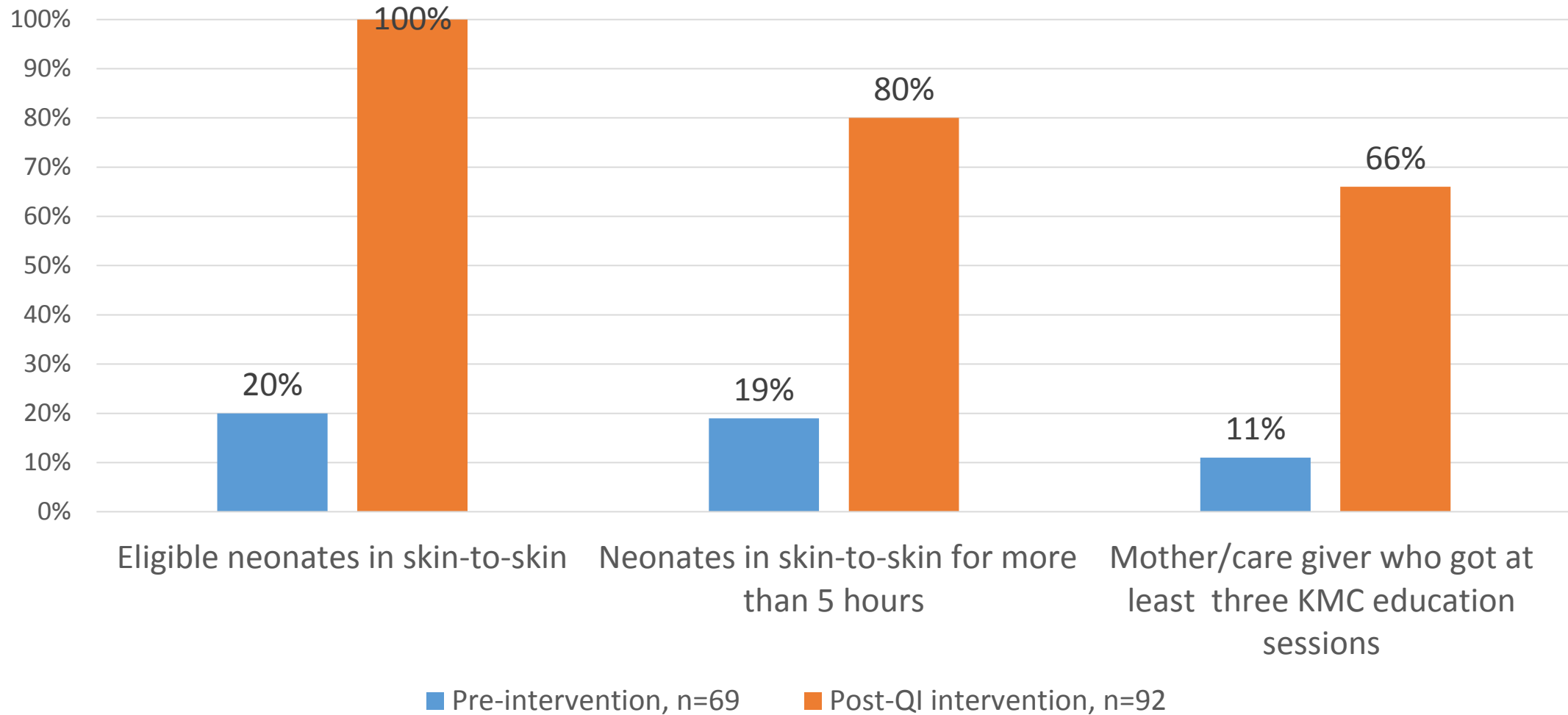
- **Intervention:** A more experienced mother (expert mother) was selected and educated, by the QI team members and other caretakers from neonatology ward
- **Evaluation:** Count and document key process indicators including number of KMC education sessions, number of neonates and length in skin-to-skin position (before and after three months)



An expert mother and a nurse facilitating KMC technique to care givers in neonatal ward.



Changes in KMC practice pre vs post QI intervention



Conclusion

- Expert mother fills the gap in in-service KMC education to mothers and increases peer-learning among caregivers
- Expert mother monitors the adherence and model best practice of KMC in neonatology ward
- Involving clinical teams to identify priority gaps and set a system to select potential expert mothers is key for the effective implementation of KMC

Thank you very much!

Murakoze cyane!



Expert mothers help mothers!