Transforming care for small and sick newborns

Nurturing care for every newborn: ensuring every newborn survives and thrives

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Nurturing care for every newborn: ensuring every newborn survives and thrives

- Welcome
- PART 1: What is nurturing care for every newborn?
- PART 2: Creating nurturing environments for newborns: country experiences
- PART 3: Questions & answers
- PART 4: Reflections from partners
- Closing remarks

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1. What is nurturing care for every newborn?

Introduction to the Thematic Brief

Ornella Lincetto and Bernadette Daelmans
World Health Organization

Infant and family centered developmental care explained

Louise Tina Day
London School of Hygiene & Tropical Medicine

A parent perspective

Silke Mader
European Foundation for the Care of Newborn Infants

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Introduction to the Thematic Brief:
Nurturing care for every newborn

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Thematic Brief: *Nurturing care for every newborn*


THEMATIC BRIEF

NURTURING CARE FOR EARLY CHILDHOOD DEVELOPMENT

Nurturing care for every newborn

What is nurturing care?

What happens during early childhood (pregnancy to age 8) lays the foundation for a lifetime. We have made great strides in improving child survival, but we also need to create the conditions to help children thrive as they grow and develop. This requires providing children with nurturing care, especially in the earliest years (pregnancy to age 3).

Nurturing care comprises five interrelated and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning. Nurturing care protects children from the worst effects of adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we maximize every interaction with a child. Every moment, small or large, structured or unstructured, is an opportunity to ensure children are healthy, receive nutritious food, are safe and learning about themselves, others and their world. What we do matters, but how we do it matters more.

When cared for in a nurturing environment, babies not only survive, they are also helped to thrive. However, too many infants are deprived of their right to receive nurturing care, including when they require inpatient hospital care.

Every year an estimated 140 million babies are born, and among these about 30 million need inpatient hospital care with 8 – 10 million requiring neonatal intensive care *(1)*. Since 1990, global newborn mortality has more than halved, but in 2019 an estimated 2.4 million newborns still died in the first month after birth *(2)*. Babies who are born prematurely, have low birth weight or experience birth complications are at the greatest risk, not only of death but also of lifelong disability. Progress in reducing newborn mortality will be compromised unless investments are also made in nurturing care.

Birth is the critical transition for every newborn from being nurtured in the womb to being cared for in the outside world. Essential newborn care - with immediate skin-to-skin contact, warmth, hygiene, early initiation of exclusive breastfeeding and zero separation of caregiver and newborn - is designed to make this transition as smooth as possible and provide the infant with a nurturing environment in the first minutes and hours after birth, needed for the brain and body to grow and develop *(3)*.

Photo credit: © Partnership for Maternal, Newborn & Child Health/Isabel Pinto

01

World Health Organization · London School of Hygiene & Tropical Medicine · March of Dimes · EFCNI · unicef for every child · ECDAN · USAID · Momentum · Save the Children · PMNCH · Women's, Children's and Adolescents' Health

Access the brief on: https://nurturing-care.org/nurturing-care-for-every-newborn


THEMATIC BRIEF

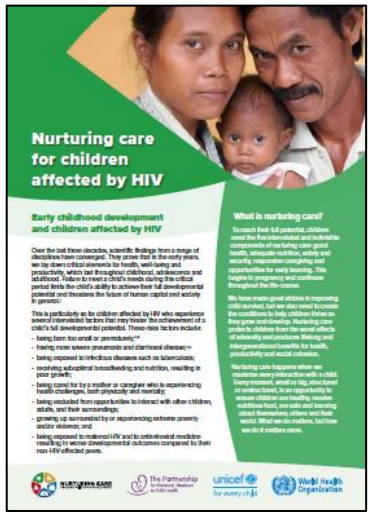
NURTURING CARE

Tobacco control to improve child health and development

What is nurturing care?

Why is protecting children from tobacco important?

Tobacco poses risks to children's survival, health and development. Protecting children from tobacco smoke is essential to help them to survive and thrive.


Nurturing care for children affected by HIV

Early childhood development and children affected by HIV

What is nurturing care?


THEMATIC BRIEF

NURTURING CARE

Nurturing care for children living in humanitarian settings

What is nurturing care?

Why is nurturing care important in humanitarian settings?


Clean, safe and secure environments to support early childhood development

Why is the environment important for early childhood development?

What is nurturing care?

https://nurturing-care.org/thematic-briefs/

Why this brief?

Facts and figures

Globally, more than

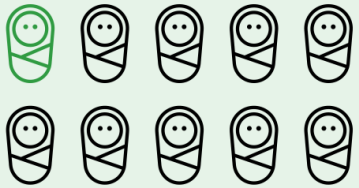
80%

of births take place in a health facility with a skilled attendant *(4)*.

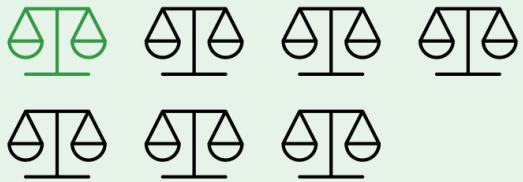
An estimated

2.4 million

newborns die every year, mostly from preventable causes *(2)*.



One of every ten infants is born preterm *(5)*.



One of every seven infants is born with a low birth weight *(6)*.

Direct causes of death are prematurity, birth complications, neonatal sepsis and congenital anomalies.

Low birth weight contributes to 60 – 80% of all newborn deaths *(7)*.

The Thematic Brief summarizes why **nurturing** care is essential for every newborn

- Cared for in a nurturing environment, babies not only **survive**, they are also helped to **thrive**.
- Yet too many infants are deprived of their right to receive nurturing care, including when they require inpatient hospital care.

Five components of nurturing care for newborns

GOOD HEALTH

… involves preventing and managing illness, including provision of evidence-based high-quality care for sick or small newborns.

ADEQUATE NUTRITION

…means optimizing exclusive breastfeeding or breast-milk feeding, including for very small and sick babies.

SAFETY AND SECURITY

…means warmth, practicing good hygiene, minimizing stress, and enabling the primary caregiver, most commonly the mother, to be with the infant in a quiet environment.

OPPORTUNITIES FOR EARLY LEARNING

…involves stimulating the baby's brain gently, through touch, voice or simply close contact.

RESPONSIVE CAREGIVING

…means being aware of the newborn's signals, which can indicate readiness for a feed, pain or stress, and responding to them appropriately.

The first month – once-in-a-lifetime opportunity

Remember

The first month of life is a critical time for children's healthy growth and development.

Strengthen

Improving the quality of care that mothers and newborns receive in maternity and neonatal care facilities in line with well-defined standards is essential.

Add

Providing nurturing care through IFCDC for small or sick newborns who need special or intensive care is feasible, including in low- and middle-income countries.

Top to bottom: © UNICEF/UNI312809/Dejongh; © Partnership for Maternal,Newborn & Child Health/Isabel Pinto; Pexals

Infant and family centered developmental care explained

Louise Tina Day
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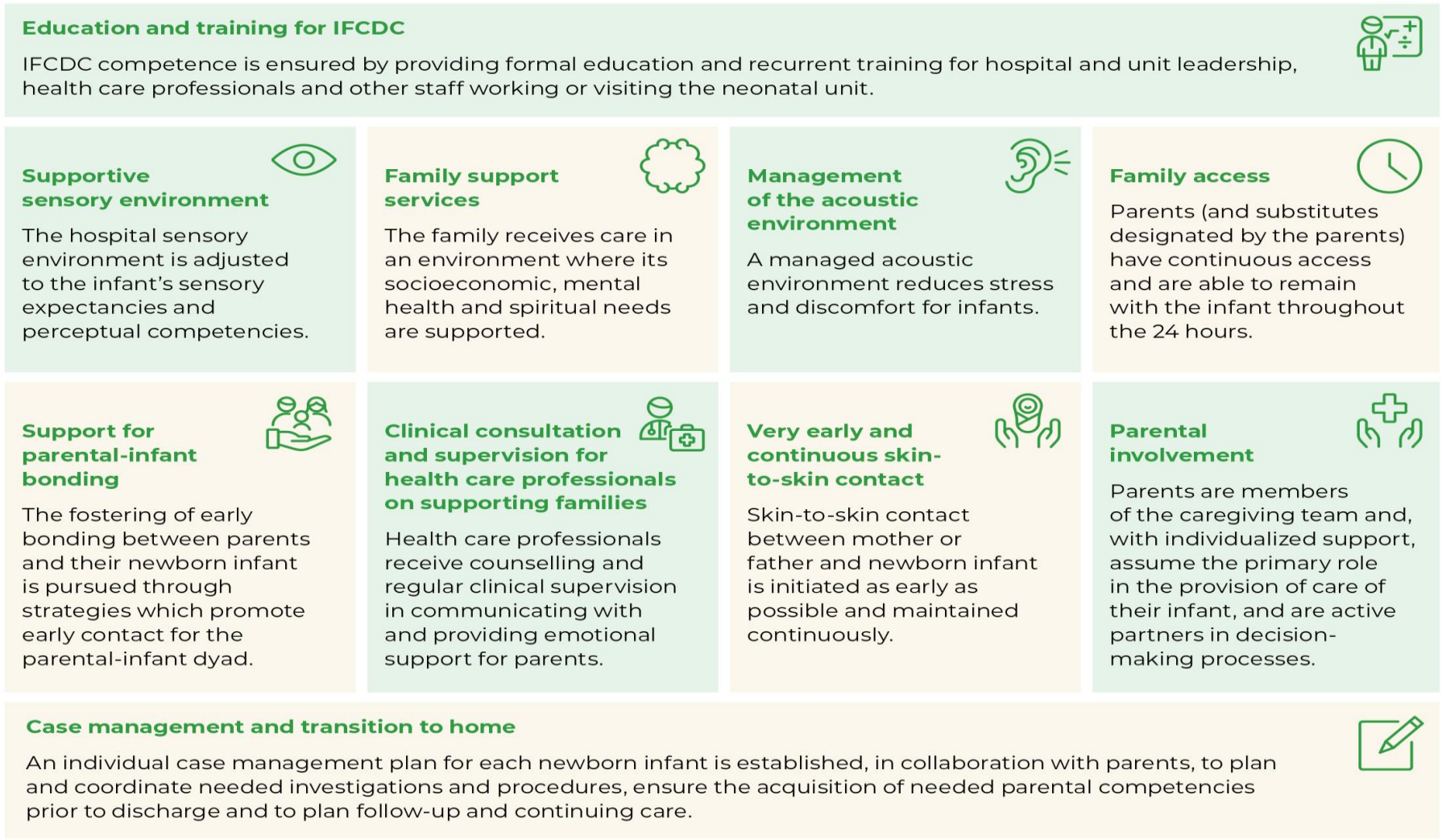
Infant and family centered developmental care (IFCDC)

Maternal and newborn care services organized around core principles of:

- dignity and respect
- information sharing
- participation
- collaboration

Infant and family centered developmental care (IFCDC)

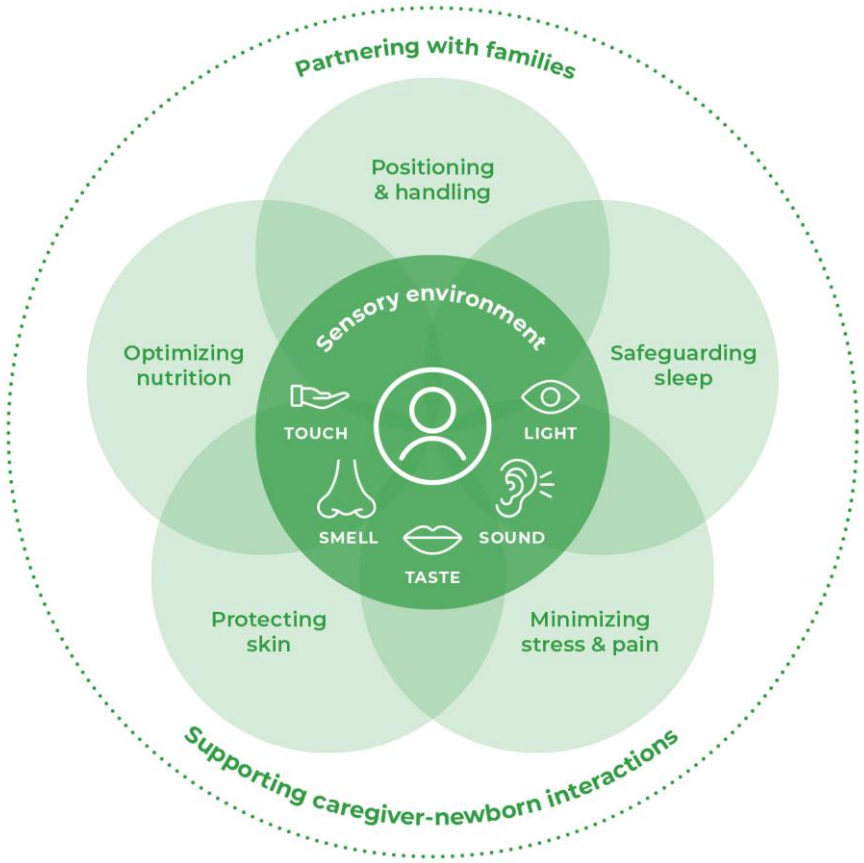
Figure 2. Standards for infant- and family-centred developmental care



Adapted from: European Foundation for the Care of Newborn Infants *(10)*.

Infant and family centered developmental care (IFCDC)

Figure 1. Components of infant- and family-centred developmental care *(9)*



Components of IFCDC

Creating a nurturing environment for all newborns

- Provide early essential newborn care
- Engage parents as partners
- Implement ten-steps to successful breastfeeding
- Promote responsive caregiving and early learning activities
- Support caregiver mental health
- Provide postnatal care after discharge from the facility

Nurturing care for small and sick newborns

- Promote zero separation
- Implement developmentally supportive inpatient care
- Support Kangaroo Mother Care
- Transform neonatal intensive care units
- Facilitate a smooth transition to care at home

Strengthening the health system

- Build an enabling environment for developmentally supportive inpatient care
- Invest in the workforce
- Ensure appropriate follow-up care
- Update the basic benefit package for universal health coverage

A parent perspective

Silke Mader
Chairwoman of the Executive Board
European Foundation for the Care of Newborn Infants

World Health Organization

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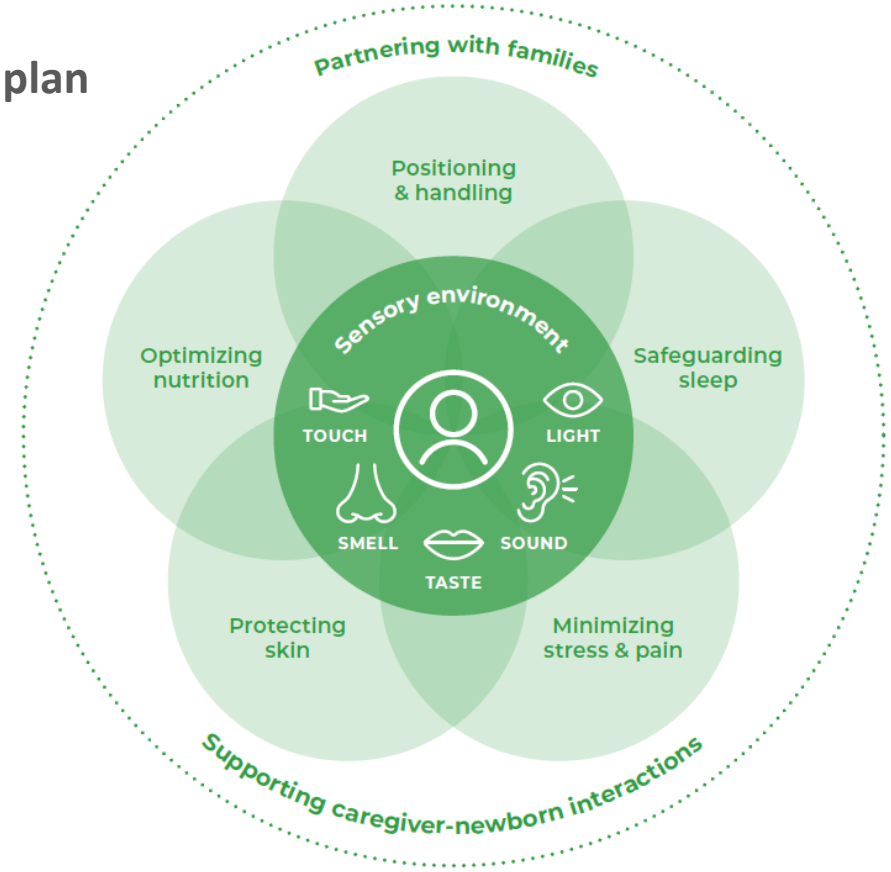
A parent perspective

Support breastfeeding and ensure an optimal nutrition plan

Establish a zero separation policy already at birth- parents are no visitors

Fathers are equal parents



Provide skin-to-skin care and support bonding processes

Respect the baby's and families needs

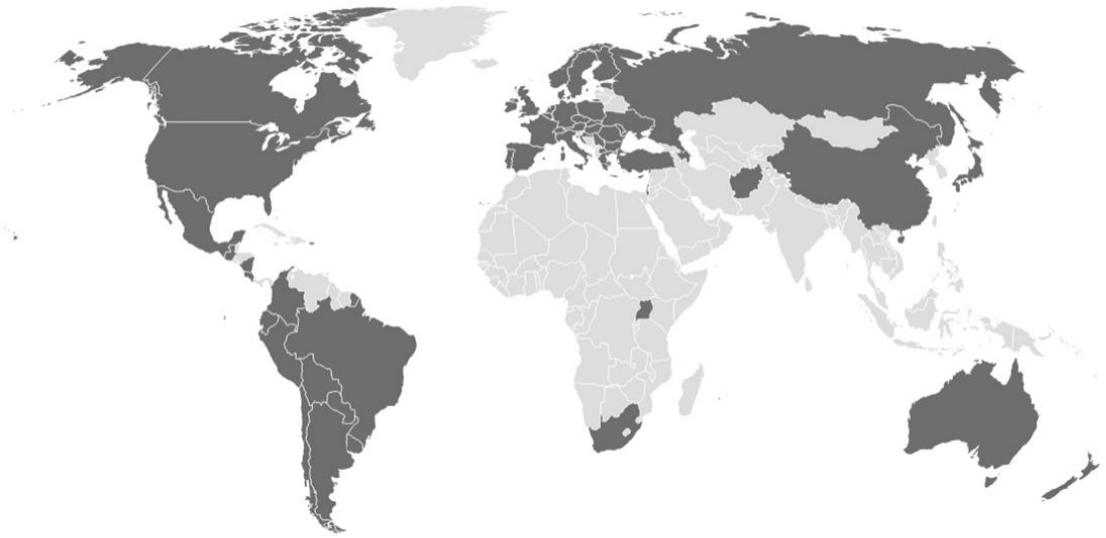
Provide proper discharge management to ensure self-confident parents

Ensure adequate long-term follow-up care

Global parent survey in 23 languages

Impact of COVID-19 on special/intensive care for newborns

2103 participants from 56 countries



48% were permitted to be accompanied from another person during birth (e.g. partner)

74% of mothers and 56% of fathers were allowed to be present with their child

21% no one was allowed to be present with their child until discharge

52% of mothers were highly encouraged to breastfeed, 25% somewhat encouraged and 18% not at all

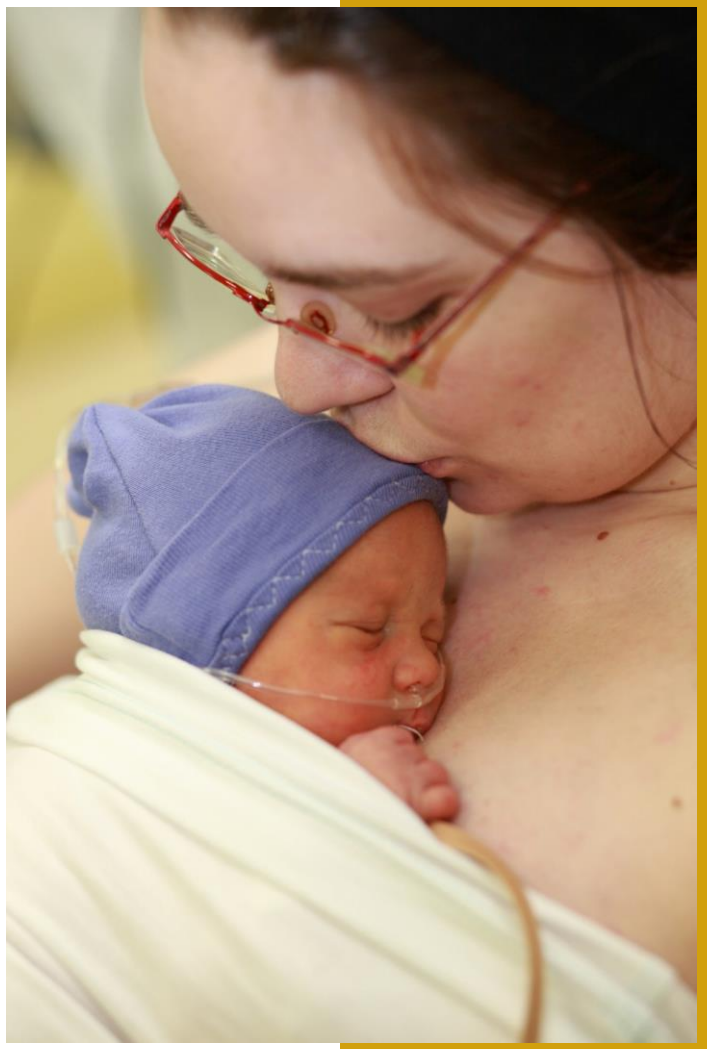
49% of babies received exclusive breastmilk, 40% partly and 11% not at all

global alliance for newborn care

Kostenzer et. al, EClinicalMedicine 39 (2021), https://doi.org/10.1016/j.eclinm.2021.101056;
full report forthcoming in November 2021

EFCNI european foundation for the care of newborn infants

Nurturing care matters!



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2. Creating nurturing environments for newborns

Country experiences

Facilitated by Bernadette Daelmans
Unit Head, Child Health and Development
World Health Organization

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Creating nurturing environments for newborns

Country experiences

Lama Charafeddine

Associate Professor of Clinical Pediatrics and Neonatology, American University of Beirut, Division of Neonatology, Lebanon

Arti Maria

Consultant & Head, Department of Neonatology, ABVIMS & Assoc. Dr. RML Hospital, New Delhi, India

Ylva Thernström Blomqvist

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Socorro De Leon-Mendoza

President, Kangaroo Mother Care Foundation Philippines Inc., The Philippines

Nathalie Charpak

Director, Fundación Canguro de Colombia, Colombia

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Care for child development for preterm and sick newborns

Lebanon

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Associate Professor of Clinical Pediatrics and Neonatology
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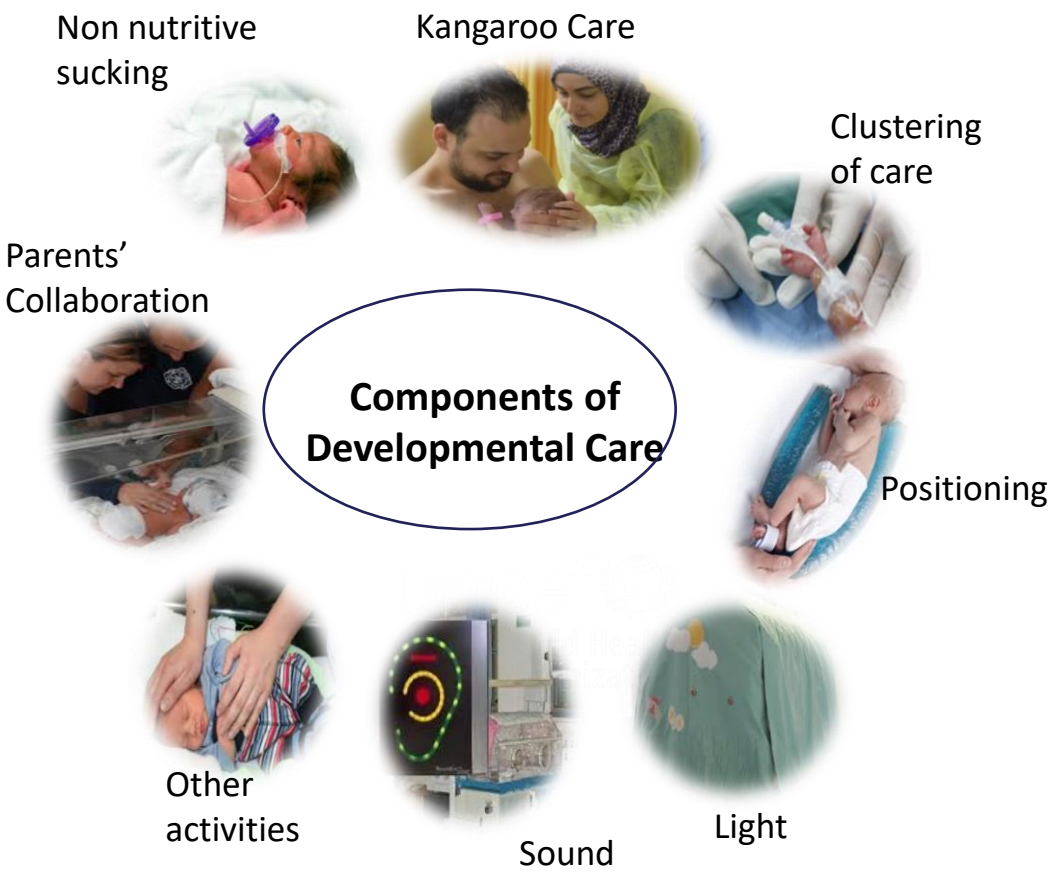
Newborn Individualized Developmental Care Program (NIDCAP) Framework

Initiated in 2013 – NIDCAP certification 2018



- Shift from task oriented to infant & family oriented; QI projects
- Promoting breastfeeding (BFHI)
- Parent involvement in care
- Safe environment, staff education
- Early learning: talking, reading, follow up clinic

Infants

- Less events: better positioning
- Less stress: Care based on behaviours and cues
- Quiet time, swaddled bath
- Parent involvement

Preparing for bath

Practicing KC

Parents

- Present on rounds
- Partners in developmental care rounds
- Kangaroo care awareness day
- World Breastfeeding Week
- Read-A-Thon week

Parent education

Staff

- Capacity building
- Education
- Arabic resources
- Online course
- Policies
- Leadership
- COVID 19

Community awareness

Follow up

- Parent education
- Early intervention
- Arabic Leaflets

*Parents' permission to use pictures obtained

Influencing national policy and standards
India

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Department of Neonatology, ABVIMS & Assoc. Dr. RML Hospital New Delhi, India

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Family Centered Care (FCC)?

WHAT?

An **approach**,

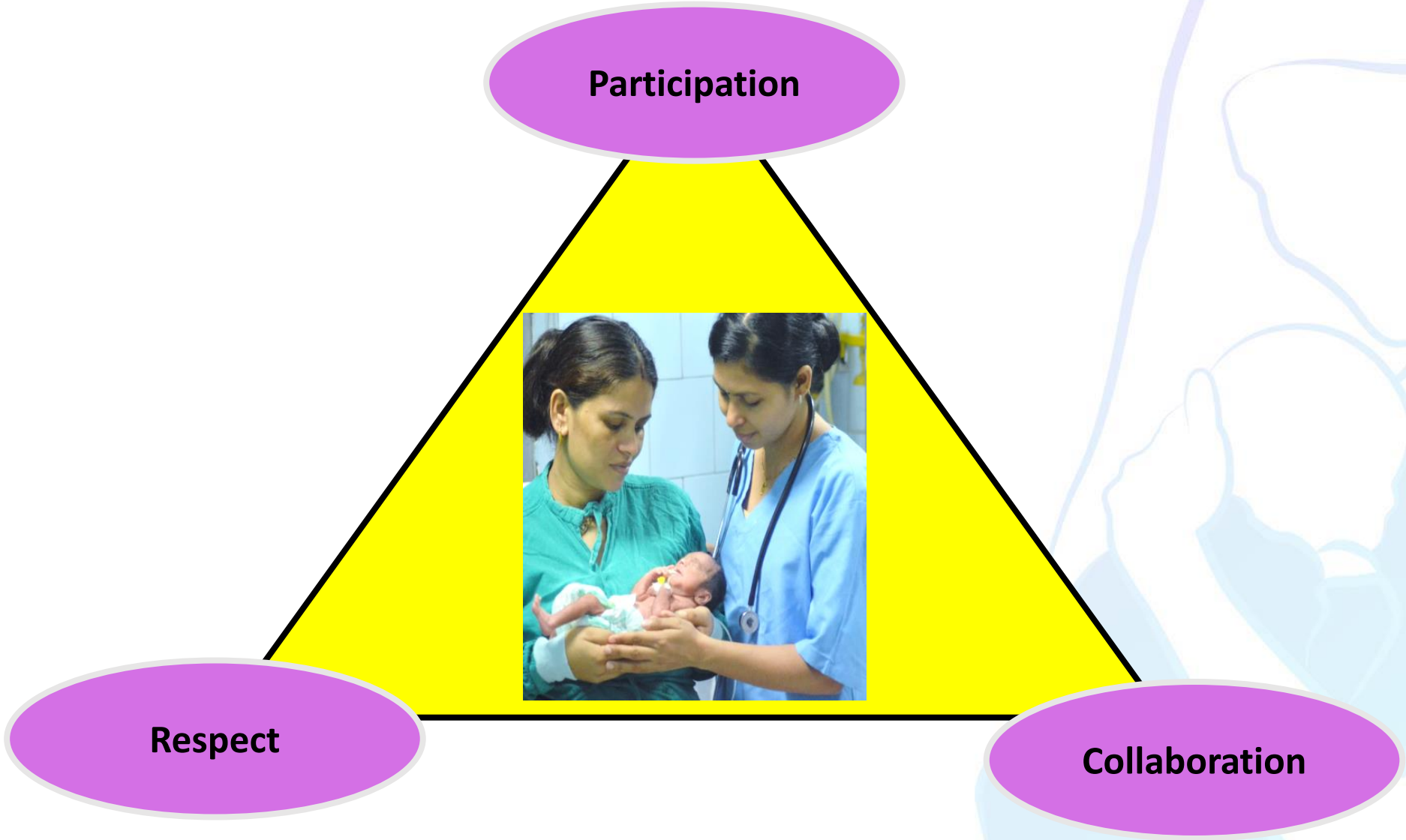
an **attitude**,

a **mindset**,

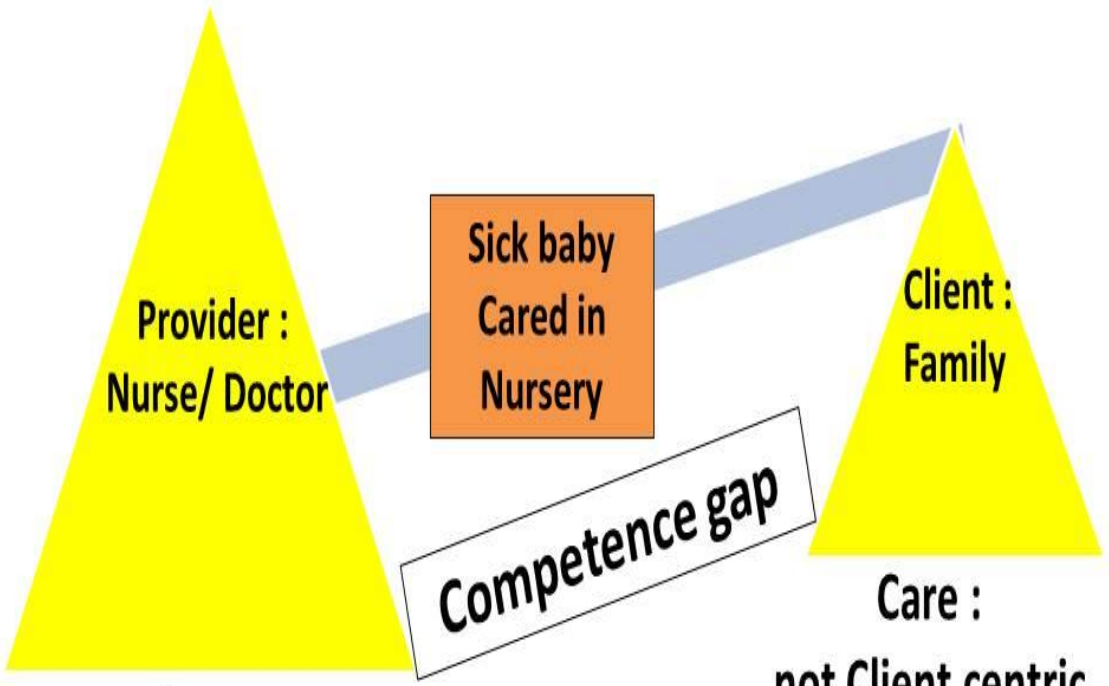
a **concept**

that **aims** to **develop and nurture family's role** in **partnership** with the **health care team** in the care of a patient.

Family Participatory Care (FPC)



Conventional Model for care of a sick newborn



Care :

Provider centric

Role : Power/Control/authority

Challenge : HR

Outcome : Compromised QOC

Care :

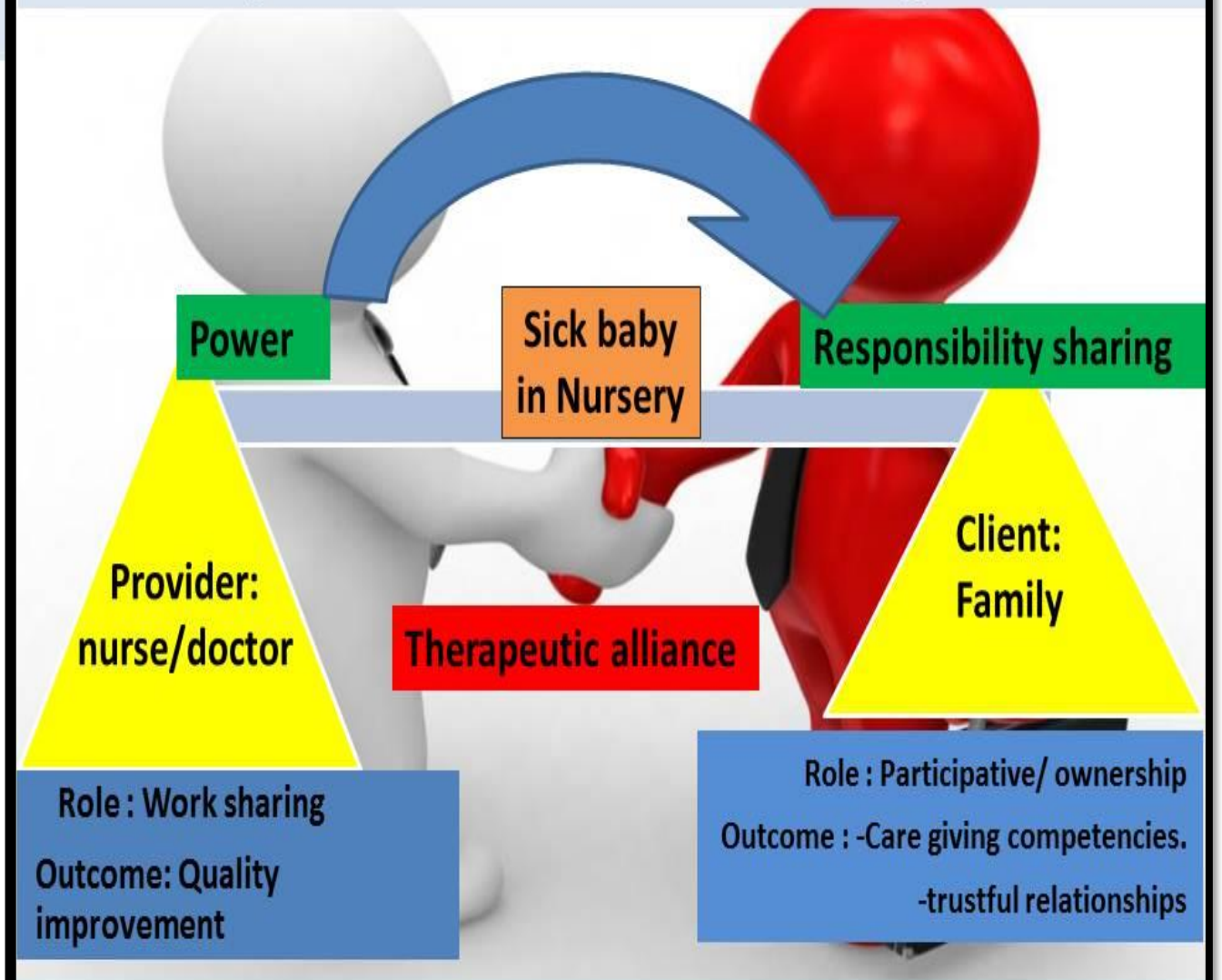
not Client centric

Client : Passive receiver in Silo

Challenge : Separation

Outcome : Unmet needs :
-Anxiety
-↑ Stress

Family Centric Care : A Paradigm Shift



NET outcome : - improved health outcomes

- likely to be cornerstone of continuum of care

Family Centered Newborn Care

Influencing national policy & standards in India

- **At facility level:** LMIC setting: Incidental Discovery 2007: anecdotal observation, evidence generation dissemination
- **Tool development by key national experts:** Audio-visual training guide, Resource manuals, operational guidelines and development of implementation & monitoring framework, recording formats
- **NGO initiative State level for pilot implementation 2014:** Overwhelming response from stakeholders
- Practice chosen as one of the **key innovative best practices in newborn care at national level**. Opportunity to share and disseminate at such and various other technical and professional fora.
- Findings from pilot Implementation and operational research led to **iterative improvements in the tools and guidelines**
- **Key findings:** FCC improved QoC, a winning strategy for KMC implementation
- **Key learnings:** Identification of a 'local champion', Establishment of Model resource Centres, convincing key stakeholders, adaptation of tools & local translation.
- **FPC launched as a national health programme in July 2017**: Nation wide advocacy & scale up at district level. Also growing international interest in the intervention.
- By now **FPC is integral to existing health programmes** and not as a vertical programme
- **Political will and national & State governments** involved at all stages

Making NICU's infant and family-friendly
Sweden

Ylva Thernström Blomqvist
Associate Professor, PhD, RN and Head Nurse at the Neonatal Intensive Care Unit
Uppsala University Children's Hospital and Department of Women's and Children's Health, Uppsala University
Uppsala, Sweden

World Health Organization

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Making NICU's infant and family-friendly
Sweden

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Take home message:

- What you do often you become good at
- Early start ("*Early means early*")
  - Parental (family) presence & involvement
  - Skin-to-skin contact
- Enabling environment

Integrating developmentally supportive newborn care in the national health benefit package

The Philippines

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President
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Integrating developmentally supportive newborn care in the national health benefit package

The Philippines

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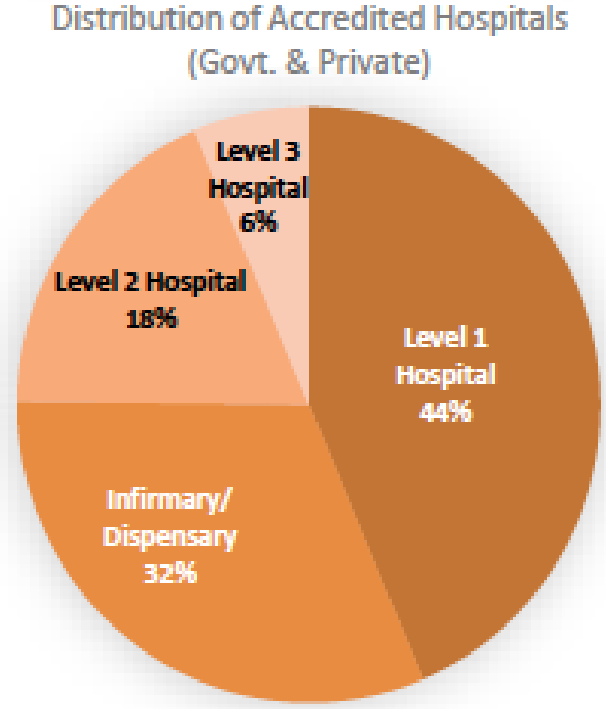
Building and sustaining capacity of health care facilities to provide nurturing neonatal care services

- Republic Acts or Laws enacted by Congress
- Administrative Orders/Policies from the Department of Health
- Developmentally-supportive newborn care packages from the Philippine Health Insurance Corporation (PhilHealth) which can be availed of by accredited health care facilities or institutions

PhilHealth accredited institutions (31 Jul 2021)

Type of institution	Govt.	Private	Total no. of accredited Institutions = 1,871
Level 3 hospitals	56	64	**120**
Level 2 hospitals	43	301	**344**
Level 1 hospitals	336	475	**811**
Primary care facilities (Infirmary/Dispensary)	326	270	**596**
Maternity care package providers	1,095	1,587	**2,682**

59% of accredited hospitals are from the Private Sector



https://www.philhealth.gov.ph/partners/providers/institutional/status.html

PhilHealth newborn care & related packages

Year	Circular #	Title
2005	0026	All accredited facilities required to be MBFHI-Certified
2006 2011 2018	0034 0011 0021	Newborn Care Benefit Package Enhanced Expanded
2009	0039	Expanded NSD and Maternity Care Package
2014	0022	Maternity and Newborn Care Package
2017	0009	Z-Benefit Package for Preterm and Small Newborns
2017	0029	Z-Benefit Package for Children with Developmental Disabilities
2019	0003	Expansion of Primary Care Benefit – Primary Health care guarantees for all life stages (includes KMC & ECCD)

DOH Administrative Order 2017-0012: Primary Health Care Guarantees for all Life Stages, Including Newborn and beyond.

	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Neonate	<u>Surveillance and monitoring of the population's health status</u> • Surveillance system <u>Prevention and control of endemic diseases</u> • Integrated Vector Control Management <u>Public health policy development</u> • Newborn Screening • Birth dose of HCG and Hepatitis B	<u>Clinical</u> • Early Essential Newborn Care • Physical examination (vital signs, anthropometrics) • Visual and hearing screening • Breastfeeding Initiation • Referral and Emergency Transport Services • Basic newborn resuscitation with oxygen support • Kangaroo mother care for low birth weight and preterm babies <u>Laboratory</u> • Newborn Screening • Universal Newborn Hearing Screening & confirmatory	<u>REGULAR CONSULTATION *for any condition*</u> • History and Physical examination <u>DRUGS AND COMMODITIES</u> **If (+) for Newborn Screening & Confirmatory Test** • Assessment then refer to tertiary care facility / pediatrician **If (+) for Newborn Hearing Screening & Confirmatory Test** • Assessment then refer to tertiary care facility / pediatrician (before age 7)
Infant (0-12 months)	<u>Surveillance and monitoring of the population's health status</u> • Surveillance system • Cancer Registry <u>Prevention and control of endemic diseases</u> • Integrated Vector Control Management <u>Assurance of quality and</u>	<u>Clinical</u> • History and Physical examination (vitals, anthropometrics) • Oral Health Examination and Services (Fluoride Varnish, etc.) • Early Childhood Care and Development(ECCD) screening including developmental milestones; assessment of developmental delays • Visual and hearing screening • Referral and Emergency Transport Services	<u>REGULAR CONSULTATION *for any condition*</u> • History and Physical examination <u>DRUGS AND COMMODITIES</u> **AEFI events** • Assessment then refer to tertiary care facility / pediatrician (before age 7) <u>ENVIRONMENTAL HAZARD EXPOSURE AND POISONING</u> • Early recognition and initial management

Sustaining kangaroo mother care during the COVID-19 pandemic

Colombia

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The COVID-19 pandemic has been disruptive to health services in many places, particularly at its onset. What are the 3 key messages that you can share of how to ensure continuity in quality of care, even when data on risks are limited.

N. Charpak, MD, Pediatrician, Director of the Kangaroo Foundation of Colombia, ncharpak@gmail.com

Fundación Canguro

World Health Organization

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KMC implementation before the COVID-19 pandemic

Colombian Health Ministry (HM)
Technical KMC guidelines for the implementation of KMC programs (intrahospitalary and ambulatory KMC) Nov 2017

Annual National KMC workshop HM, KF and ASCON

Colombian Society of neonatology (ASCON)

KMC whatsapp with all the KMC ambulatory programs and part of the neonatal units actives in KMC: Papers, research, lecture, baby transfer between KMC programs and regions

200 Neonatal Units (private or public) with Intra-hospitalary KMC (Kangaroo position and breastfeeding of the premature or LBWI

Kangaroo Foundation (KF)
Research
Data monitoring
Training

ROP whatsapp with all the retinologists of the country for treatment, lecture, papers, transfer of premature babies for ROP surgery between cities and regions , exchanges of photos and early diagnosis support of ROP

53 ambulatory KMC programs with follow up of the premature or LBWI up to 12 or 24 months of corrected age

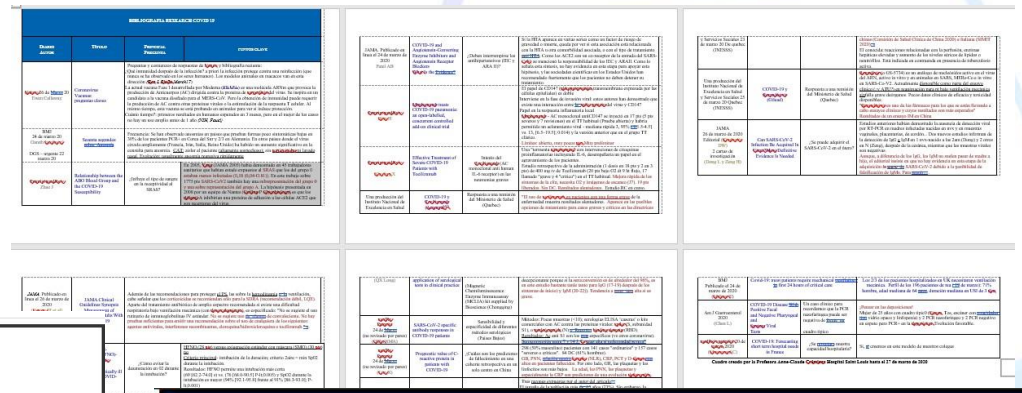
No1 Collaborative public health actions between the Ministry of Health, the neonatologist society and the Kangaroo Foundation

La salud es de todos Minsalud	PROCESO	GESTIÓN DE LAS INTERVENCIONES INDIVIDUALES Y COLECTIVAS PARA LA PROMOCIÓN DE LA SALUD Y PREVENCIÓN DE LA ENFERMEDAD.	Código	GIPS14
	DOCUMENTO SOPORTE	Lineamientos provisionales para la atención en salud de las gestantes, recién nacidos y para la lactancia materna, en el contexto de la pandemia de COVID-19 en Colombia.	Versión	01

LINEAMIENTOS PROVISIONALES PARA LA ATENCIÓN EN SALUD DE LAS GESTANTES, RECIÉN NACIDOS Y PARA LA LACTANCIA MATERNA, EN EL CONTEXTO DE LA PANDEMIA DE COVID-19 EN COLOMBIA

Ministerio de Salud y Pr
Bogotá, marzo

Página 1 de 16 Una vez descargado este documento se o



La salud es de todos Minsalud	PROCESO	GESTIÓN DE LAS INTERVENCIONES INDIVIDUALES Y COLECTIVAS PARA LA PROMOCIÓN DE LA SALUD Y PREVENCIÓN DE LA ENFERMEDAD.	Código	GIPS14
	DOCUMENTO SOPORTE	LINEAMIENTOS PROVISIONALES PARA LA ATENCIÓN EN SALUD DE LAS GESTANTES, RECIÉN NACIDOS Y PARA LA LACTANCIA MATERNA, EN EL CONTEXTO DE LA PANDEMIA DE COVID-19 EN COLOMBIA.	Versión	02

LINEAMIENTOS PROVISIONALES PARA LA ATENCIÓN EN SALUD DE LAS GESTANTES, RECIÉN NACIDOS Y PARA LA LACTANCIA MATERNA, EN EL CONTEXTO DE LA PANDEMIA DE COVID-19 EN COLOMBIA

MINISTERIO DE SALUD Y PROTECCIÓN SOCIAL
BOGOTÁ, JUNIO DE 2020

Página 1 de 91 Una vez descargado este documento se considera copia no controlada ADIP13-Versión 2

ASCON Asociación Colombiana de Neonatología — Fundación Canguro

RECOMENDACIONES PARA LOS PROGRAMAS MADRE CANGURO ANTE LA PANDEMIA COVID 19.
Consenso actualización mayo 2020

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Mónica María León Mackenzie, Pediatra Neonatóloga, Casa Canguro Cartagena.
Lida Leal, Pediatra Neonatóloga, Ministerio de Salud y Protección Social
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Juan Carlos Arias, Pediatra y Gerente, Casa Canguro Alfa Cali

Oscar Ovalle, presidente ASCON, Pediatra Neonatólogo Clínica Los Cobos-Clínica la Colina, Bogotá

1. Introducción.

El Programa Madre Canguro (PMC) es el aporte colombiano más importante al mundo en el campo de la neonatología; es la estrategia de oro en el manejo ambulatorio de los recién nacidos prematuros en Colombia, y dentro de esta filosofía siente el compromiso dentro de la contingencia Covid-19 de establecer recomendaciones o lineamientos que permitan garantizar su continuidad, oportunidad, seguridad del recién nacido prematuro, y de los recién nacidos de alto riesgo.

Este programa también propende por un entorno favorable de protección, estimulo, unión y amor que favorezcan un adecuado desarrollo y crecimiento, ofrece herramientas de soporte y seguridad a los padres y familiares con el objeto de minimizar los impactos emocionales que no se han hecho esperar ante situaciones de estrés y desconocimiento de una pandemia que pueda afectar la salud de sus hijos.

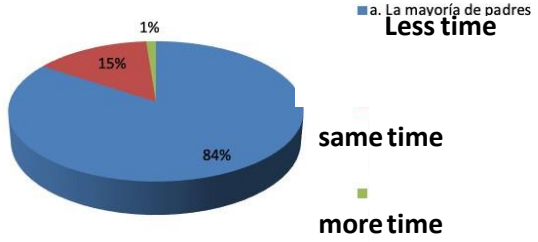
Este documento ofrece un acompañamiento a los profesionales de la salud que trabajan en los PMC y permite compartir experiencias para lograr el mejor abordaje de manejo y seguimiento, con el concurso local, nacional y mundial, de esta población vulnerable pero que constituye el capital humano del futuro de nuestro país.

BIBLIOGRAFIA RESEARCH COVID 19 pediatria 13 de avril

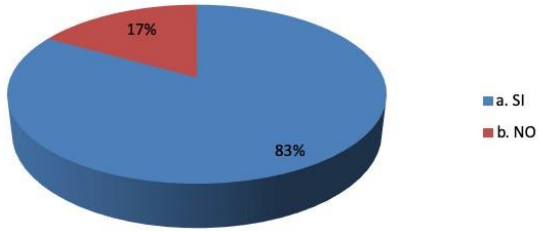
Diario Autor	Título	Principal Pregunta	puntos clave
The New England Journal of Medicine April 14, 2020 (D.F. Gudbjartsson)	Spread of SARSCoV-2 in the Icelandic Population	¿La subrepresentación de mujeres y niños seria vinculada a formas asintomáticas? (artículo Innovador) ¿Lo sabía el presidente?	Contexto: 364 000 habitantes. El virus de Italia fue introducido el 28 de febrero. Medidas efectivas: cribado + rastreo/cuarentena + cierre de universidades/universidad (pero no de la escuela primaria) + distancia social Métodos: 1)Tamizado dirigido a las personas. sintomáticas al retorno de los países de riesgo: 1221+ de 9199 (13,3%) 2) Tamizado general de la población asintomática o resfriada (frecuente durante este periodo) (10.797 personas) voluntaria y luego por invitación de una muestra de 2283 personas de 20 y 70 años: 98 +de cada 13.080 personas (0,8%) Resultados: 1) Clara sub representación de los menores de 10 años en los positivos de las 2 poblaciones: 6,7% y 0% si <10 años vs 13,7' y 0,8% si <10 años 2) Sub representación de la mujer entre los positivos de las 2 poblaciones: 16,7% y 0,9% para Hombres vs 11,0% y 0,6% para Mujeres. Lo que se sabía: los niños y las mujeres hacen formas menos graves que los adultos y los hombres. Pero es el primer estudio que muestra que los niños y las mujeres están menos afectados por la infección ++++
MMWR / April 10, 2020 / Vol. 69 / No. 14 US (CDC COVID-19 Response Team)	Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020	Descripción de los casos Covid-19 pediátricos en los EE. UU. durante las primeras 6 semanas	2,572 casos (1.7% de 149,000 casos) en niños <18 años de edad. Edad media 11 años; 1/3 de los casos entre 11 y 17 años y 27% entre 10 y 14 años. 57% niños. Detalles de las observaciones disponibles en una minoría de niños. El 5,7% de los pacientes fueron hospitalizados, pero solo se informó en 1/3 de los casos. 15 pacientes en UCI (con 5 <1 año) y 3 muertes. **Conclusión**: aunque en general es leve, estas infecciones pediátricas pueden requerir hospitalización. Podemos encontrar una mayor severidad en niños <1 año reportados en China (Revisión n ° 1, 20 de marzo, Dong Y)
JAMA Pediatr. 2020.Research Letter April 8, 2020 (Taggaro)	Screening and Severity of Coronavirus Disease 2019 (COVID-19) in Children in Madrid, Spain	Overwiew de la infección en in pacientes pediátricos durante las primeras	365 niños evaluados en 30 hospitales, 41positivos, lo que representa el 0,8% de los casos confirmados en Madrid (mediana de 1 año IQR, 0,35-8,5 años; rango 0-15), 25 niños hospitalizados (60%) y 4 en la UCI, 4 que requieren asistencia respiratoria. Evolución favorable. Posible sesgo de

2020 KMC Survey in 93 NCU during the COVID19 pandemic

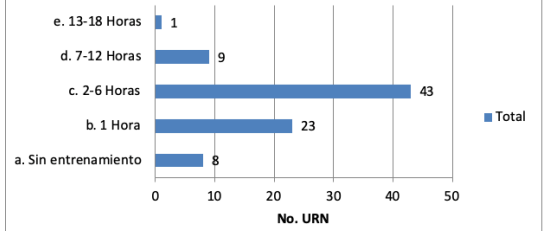
Changes in the duration of parents' visit



Separation between Covid and non Covid space in the NCU

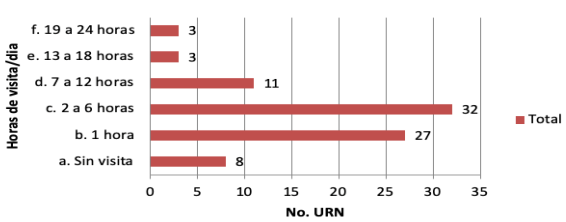


Hours in KMC training



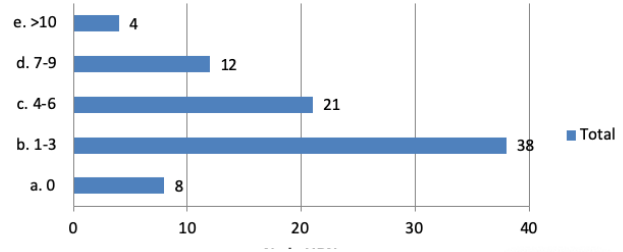
N. of NCU

Duration of the visit h/day



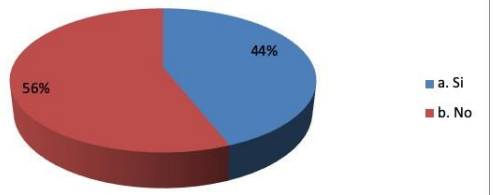
N. of NCU

Member of the staff positive for Covid-19

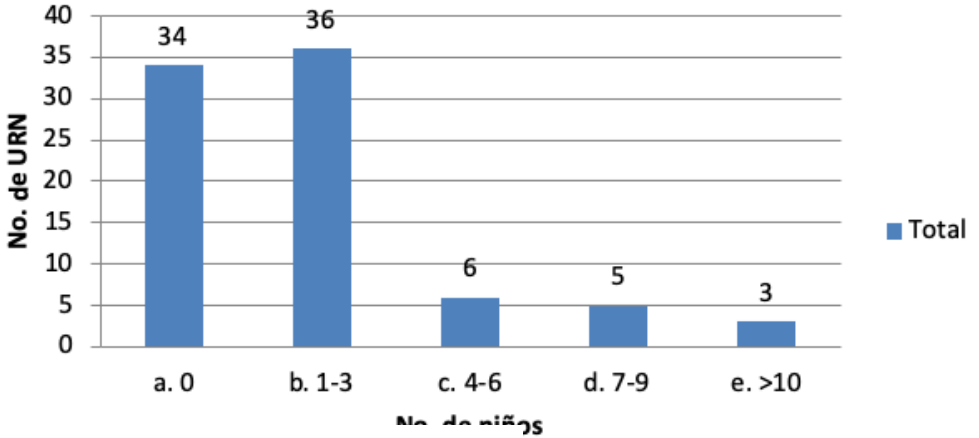


N. of NCU

Rooms for the Covid positive mother and her baby



Newborn with COVID-19 admitted in the NCU



N. of newborn

KMC adaptation in the Neonatal Unit

Before the pandemic

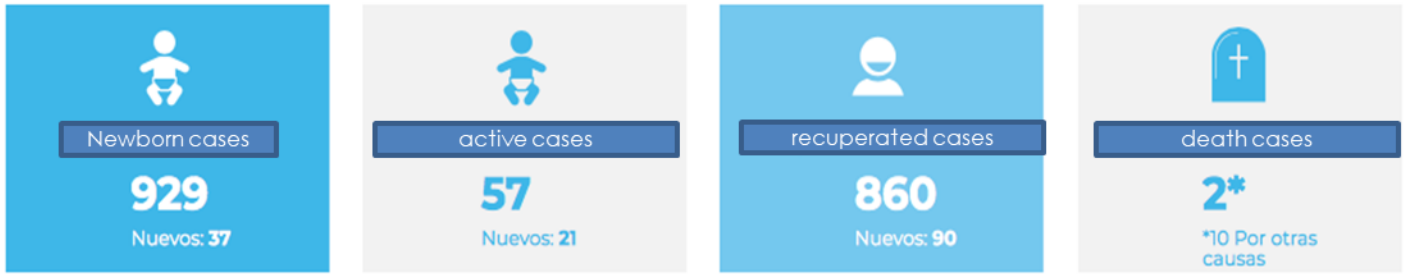
During the pandemic

The NCIU

The Intermediary care unit

The minimal care unit

Epidemiological situation April 10, 2021 in Colombia



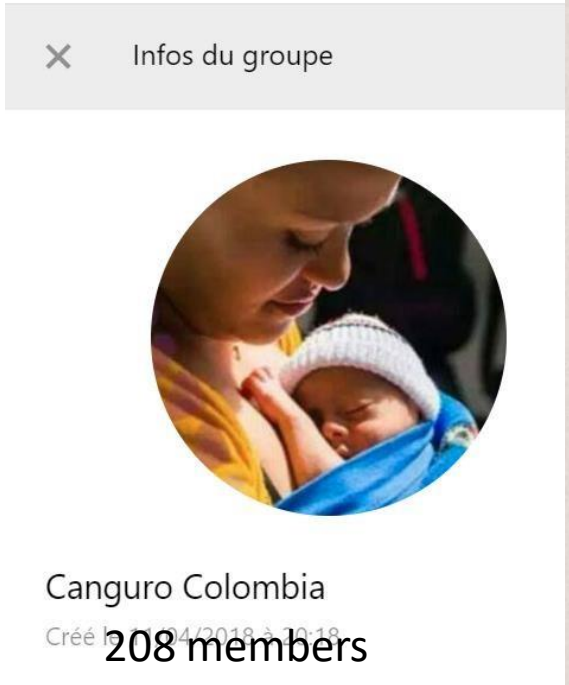
0.05% of the total COVID19 cases in Colombia are classified neonatal COVID

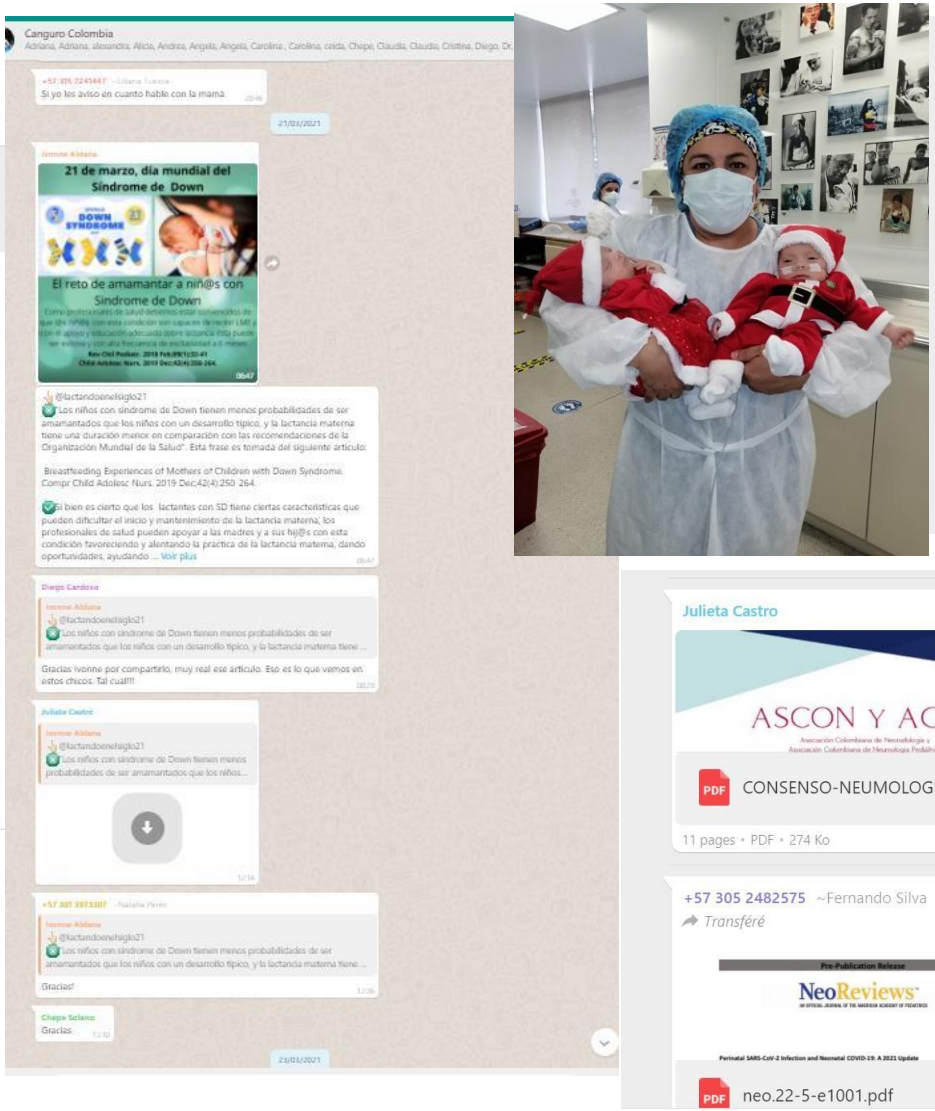
KMC Collective activities with the family in the neonatal unit

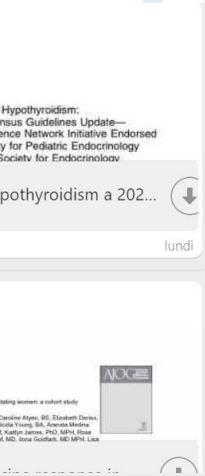
Temporarily suppressed..!

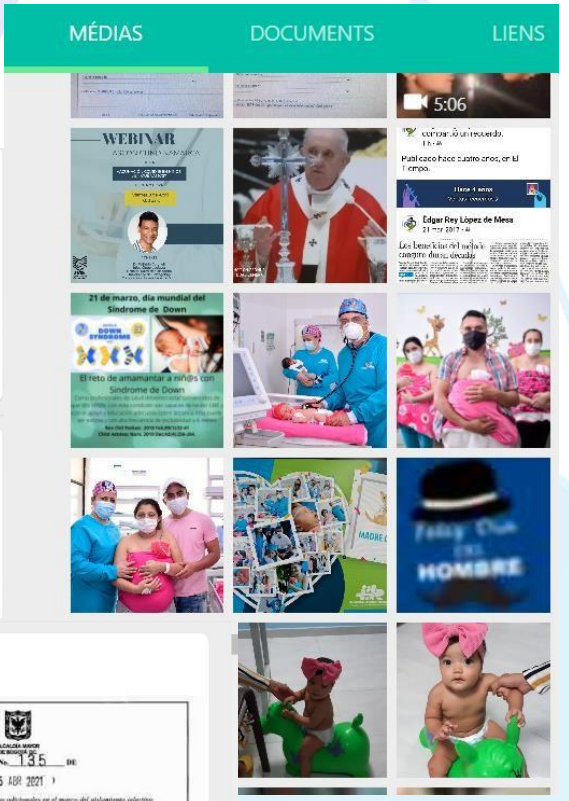
Source: Lineamientos técnicos para la implementación de programas madre canguro en Colombia. 1ed. Bogotá: Ministerio de la Protección Social; 2012.
Fotografía autorizada.

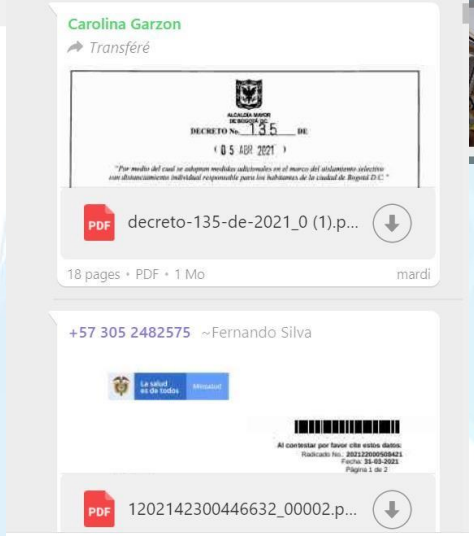
No 2 Communication: the KMC WhatsApp group “Canguro Colombia”





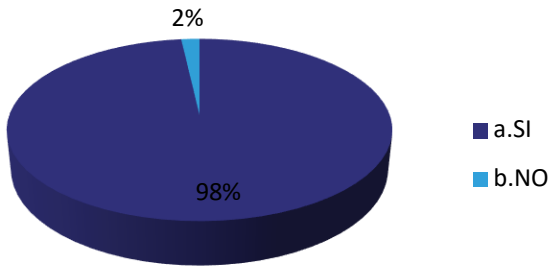




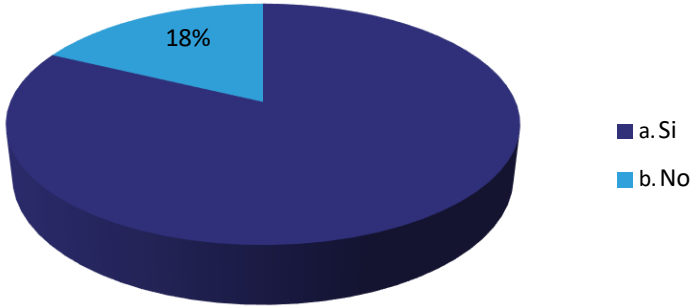


2020 survey in the 53 KMC follow-up Programs during the COVID-19 pandemic

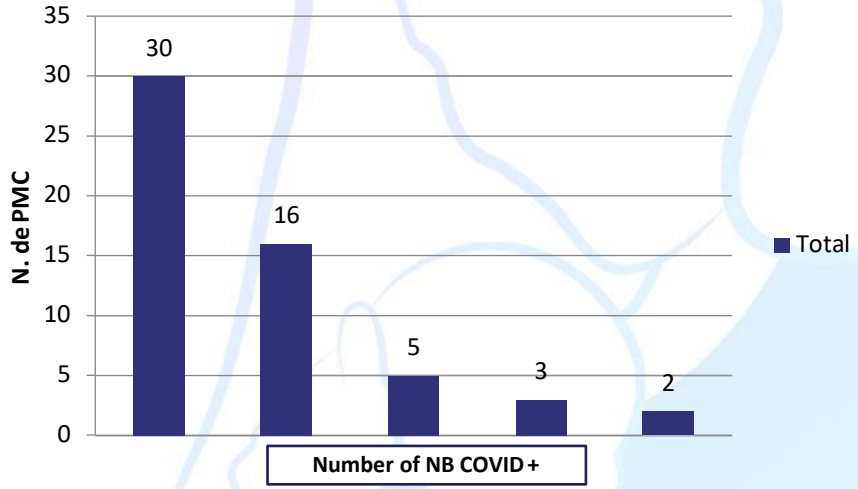
EPP health workers



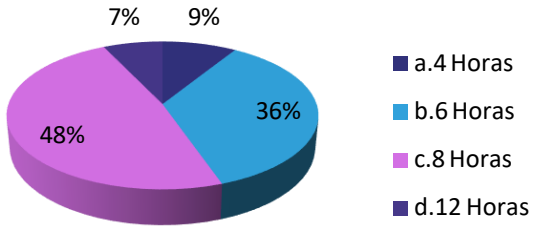
Phone call day before the appointment



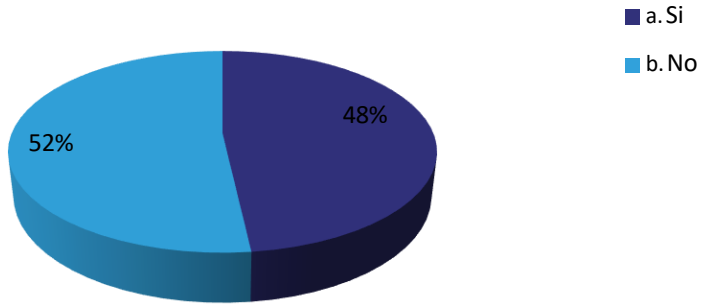
Number of NB included in the KMCP with COVID19 or with positive mothers for COVID19



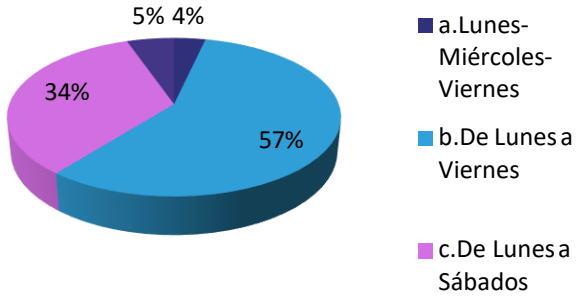
Working hours in the KMCP



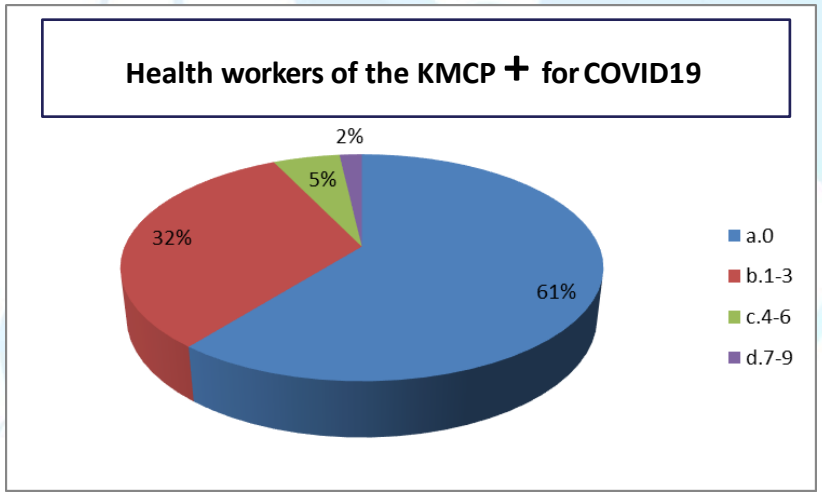
Triage station before the appointment



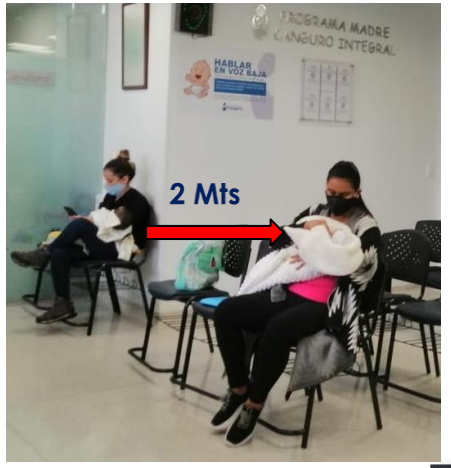
Opening days of the KMCP

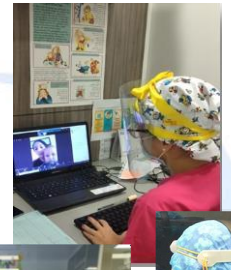


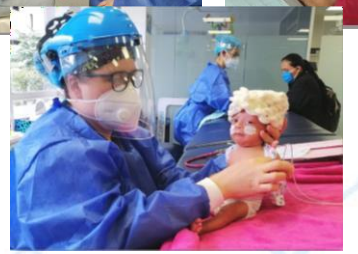
Health workers of the KMCP + for COVID19



The ambulatory follow-up KMC program





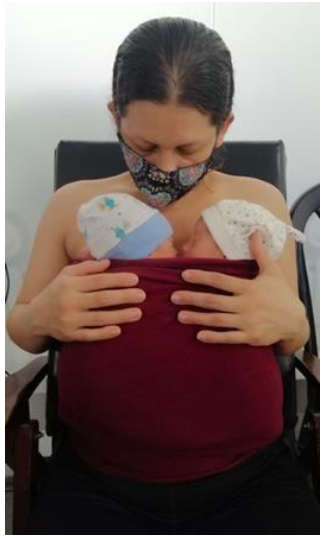


Solution: Strict cleaning protocols

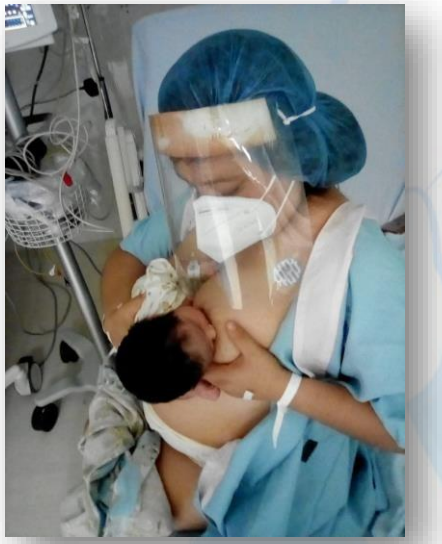
Mothers are creative and innovative
"Protect yourself and you will protect others"

Conclusion

No 3 The challenge was to act based on evidence not on emotion.



Support of the kangaroo position



Breastfeeding

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3. Questions & answers

Facilitated by Sheila Manji
ECD Specialist
World Health Organization

World Health Organization

unicef

Quality, Equity, Dignity
A Network for Improving Quality of Care
for Maternal, Newborn and Child Health

CHILD HEALTH TASK FORCE

ECDAN
Early Childhood Development Action Network

Questions & answers

- We created a community of practice for this webinar. Questions and answers will be posted in this community of practice: bit.ly/NCforeverynewborn

- We invite you to join the Quality of Care for MNCH Community of Practice to continue the conversation with the panelists and contribute in further discussion on this topic.

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World Health Organization | unicef for every child | Quality, Equity, Dignity A Network for Improving Quality of Care for Maternal, Newborn and Child Health | Child Health Task Force | ECDAN Early Childhood Development Action Network

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4. Reflections from partners

Facilitated by Shekufeh Zonji
Global Technical Lead
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A Network for Improving Quality of Care for Maternal, Newborn and Child Health

CHILD HEALTH TASK FORCE

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Early Childhood Development Action Network

Reflections from partners

Lily Kak

Newborn Health Team Lead, United States Agency for International Development (USAID)

Björn Westrup

Senior Consultant in Neonatology, Founder, Karolinska NIDCAP Training & Research Centre

Joy Lawn

Director MARCH Centre, London School of Hygiene & Tropical Medicine

Alison Morgan

Senior Health Specialist (MNCH), Global Financing Facility Secretariat (GFF)

Neena Khadka

Newborn Health Focal Point MOMENTUM Country and Global Leadership Program (MCGL)

World Health Organization

unicef for every child

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5. Closing remarks

Facilitated by Bernadette Daelmans
Unit Head, Child Health and Development World Health Organization

World Health Organization

unicef

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A Network for Improving Quality of Care for Maternal, Newborn and Child Health

CHILD HEALTH TASK FORCE

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Early Childhood Development Action Network

Closing remarks

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Anshu Banerjee
Director of the Department of Maternal, Newborn, Child and Adolescent Health and Ageing
WHO Geneva

World Health Organization

unicef for every child

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- **Learn more about the series “Transforming care for small and sick newborns”** bit.ly/SSNB2021
- **Thematic brief: nurturing care for every newborn** https://nurturing-care.org/nurturing-care-for-every-newborn/
- **Websites:**
  - **Network for improving quality of care for maternal, newborn and child health** https://www.qualityofcarenetwork.org/about
  - **Child Health Task Force:** https://www.childhealthtaskforce.org/
  - **Nurturing care**: https://nurturing-care.org
  - **ECDAN:** https://ecdan.org