



Family Participatory Care in India: Partnering with families to care for small and sick new-borns

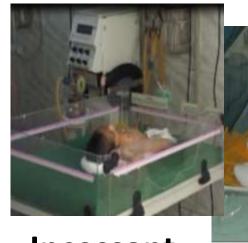
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State of Newborn care

SETTING

- 16 bedded ?
- referral neonatal intensive care unit of north India
- Severe HR constraints







Wet Babies!





Misplaced
Tubes/probes!!

Common scene outside the neonatal unit.....
Parent Attendants lined waiting.....!!







Can we start 'engaging' the waiting parent attendants as nursing aides for their own babies?"



















WHAT DID WE SEE?

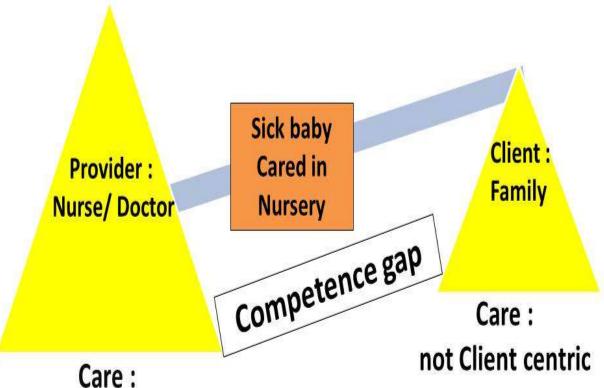
FRINGE BENEFITS!!!

Parents

Babies



Conventional Model for care of a sick newborn



Provider centric

Role: Power/Control/authority

Challenge: HR

Outcome: Compromised QOC

Client: Passive receiver in Silo

Challenge: Separation

Outcome: Unmet needs:

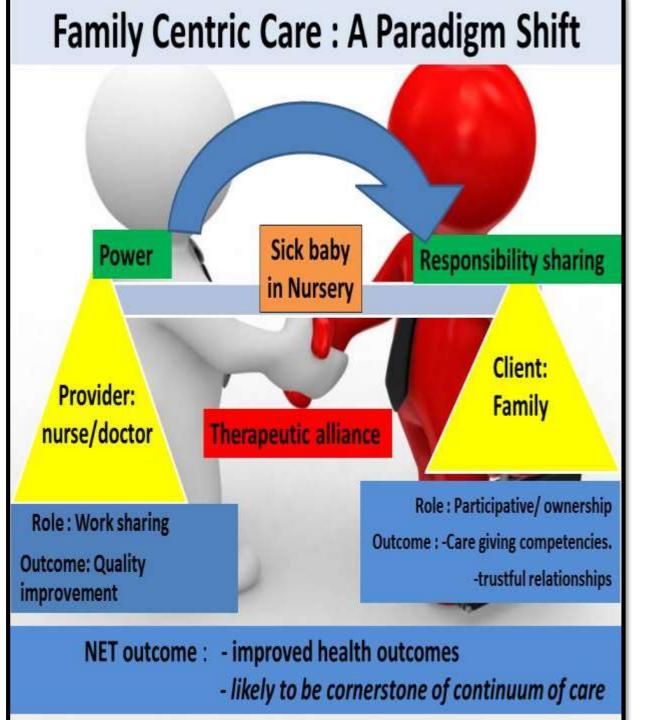
-Anxiety

-↑ Stress

Gaps: Conventional care

- Less Attention to
 - Sick babies' development
 - Psychosocial needs of family
- Parental involvement in care/decision making is: limited.

- Universal human workforce shortages: compromised QoC.
- Lack of continuum of care at home.



An approach, an attitude, a mindset, a concept



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



RESEARCH PAPER

Family-Centered Care to Complement Care of Sick Newborns: A Randomized Controlled Trial

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TABLE III SUMMARY OF OUTCOMES IN THE TWO GROUP OF SICK NEWBORNS

Outcome variables	Control group (n=147)	Intervention group (n=148)	Mean difference (95% CI)	Pvalue
Culture positive nosocomial infection rate	7.17	6.43	0.74 (-4.21, 5.6)	0.76
Culture negative nosocomial infection rate	9.86	10.56	-0.70 (-6.6,5.2)	0.82
Duration of stay, median (IQR)	11 (7,18)	11.5 (7,17.5)		>0.05
Mortality, No. (%)	13 (8.8)	10 (6.8)	(0.042, 0.134)	0.5
Breastfeeding rate, No. (%)	98 (66.7)	119 (80.4)	(0.59,0.74)	0.007

INDIAN PEDIATRICS

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Audio-Visual Training Tool: 4 Modules

1- Entry Protocol



2- Developmentally Supportive Care





2- Developmentally Supportive Care contd...(Feeding)



3- Kangaroo Mother Care







4- Preparation for Discharge and care at Home



Institutionalising Family Centred Care: The Process

Induction at Admission& Identification ofPrimary Care Provider



Daily Trainings Scheduled



Demonstrations and Practice



Supervised Learning



Peer To Peer Learning



Independent Doing



Discharge Counseling



Continuum of Care at home



Implementation

Infrastruc.
& Attitudes
Facilities

Practices

Aim: Getting *mother to participate in care of* their babies through acquired competencies



Lessons Learnt

- Mothers: Easy buy in!
- Providers: Challenges!!
- Accepting P-A as a co-partner in care!
- Diminished authority?
- ❖ Watch Dog Effect!!
- Tend to task shift!!
- Expected to deliver a standard of care !!

A link for continuum for care after discharge

Engaging in care

Capacity building (trainings)

Sensitisation

Measures & Attributes of Implementation

(June'16-July'17)

1. Measure of Implementation Workspace readiness

- (Infrastructure-Facilities) • Parent | Attendant preparedness (Practices)
 - Staff preparedness

2. Feasibility

- · 61% Males
 - 37% Fathers
 - · 20%Grandparents . 41% > 50 years old
 - 25%Illiterate

3. Acceptability

Qualitative study (2016)

- **Primary gains:** (Empowerment, Skills, **Continuum of Care**)
 - **Improved** patient- staff relation

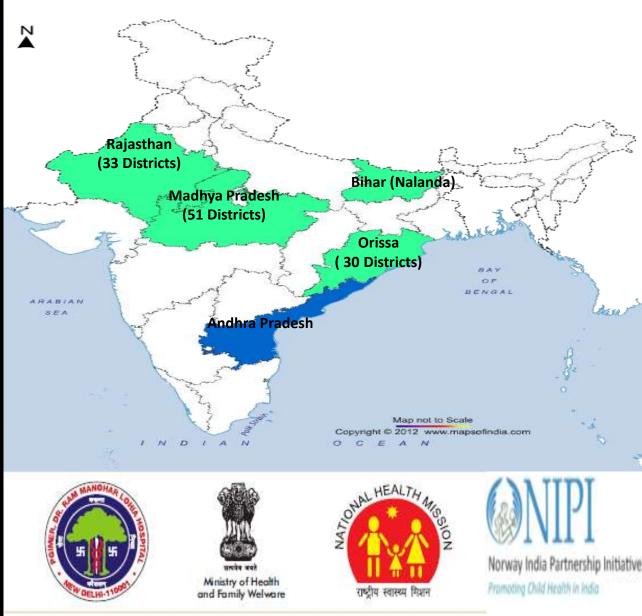
4. Measure of Quality of Care

Mothers in Care in processes of care

- Nesting,
- Positioning,
- Cleaning,
- Skin to Skin Care

Country Scale up (2014- till date).....

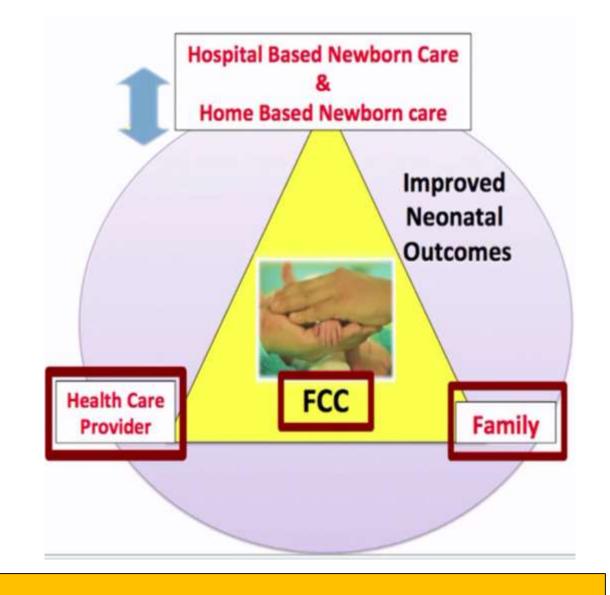




To conclude, Family Centred Care

- A humane way to care.
- Creates an opportunity for lifelong bonding.
- Family's right to a respectful care: (Need to protect, support & promote.)

 Operational feasibility & acceptability in Indian health care setting seem to be promising.



Family Centred Newborn Care holds the key for developing social accountability of health that may help achieve Sustainable Development Goals.

Acknowledgement

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