

Guidelines and training for maternal and newborn care post-Haiyan

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In any disaster-affected population, it is estimated that 3% of the total population will be pregnant, 3.5% will be lactating women and 15% will be adolescents.¹ After Typhoon Haiyan in the Philippines in November 2013 it was estimated that there would be 95 270 pregnant women within the affected areas and 480 000 pregnancies in the year following.² The disruption of access to reproductive health care after Haiyan meant that prenatal care, birth attendance, postpartum care and family planning services were urgently required as part of the response.

Despite the influx of international and in-country assistance post-Haiyan,³ the damage that occurred to health centres made access to services difficult and the wide range of policies and guidelines on maternal, newborn and child health being used by foreign medical teams and international organizations complicated service delivery for maternal and child health. As a result, the *Guidelines for maternal and newborn care during the intrapartum, immediate newborn and postpartum care during emergencies and disaster situation*⁴ were developed. This brief report describes the guidelines and the post-Haiyan training programme for the Essential Intrapartum and Newborn Care (EINC) protocol and Kangaroo Mother Care (KMC) components.

DEVELOPMENT OF MATERNAL AND NEWBORN GUIDELINES

The guidelines for maternal and newborn care following emergencies and disasters in the Philippines,⁴ developed by the Philippines Department of Health (DOH), World Health Organization Representative Office in the Philippines and United Nations Children's Fund were ready and distributed from mid-December of 2013, just

six weeks after Haiyan.⁵ The guidelines included the following:

- (1) four time-bound interventions for the immediate newborn period;
- (2) essential newborn care including vitamin K, eye prophylaxis, hepatitis B and Bacillus Calmette–Guérin (BCG) vaccination and screening services (metabolic and hearing screening);
- (3) special care for preterm and low birth weight infants such as Kangaroo Mother Care (KMC), cup feeding using expressed breastmilk and lactation support for mothers;
- (4) intrapartum care recommendations and the prevention of intrapartum complications;
- (5) prevention of newborn complications;
- (6) level of care and referral for newborns with and without complications; and
- (7) the components of delivery kits for mothers and newborn kits.

The EINC protocol

The four time-bound interventions of the EINC protocol (Section 1 of the new guidelines) are evidence-based interventions that emphasize a core sequence of time-bound actions: (1) immediate and thorough drying of the newborn, (2) early skin-to-skin contact between mother and newborn, (3) properly timed cord clamping and cutting, and (4) non-separation of the newborn from the mother for early initiation of breastfeeding.

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Training on the EINC protocol comprised a train-the-trainer approach. Participants of the training workshops, conducted in November and December 2013 in Cebu City and in April 2014 in Tacloban City, included physicians, supervising nurses and senior midwives who were then responsible for conducting training in their area. Trainees were supplied with training equipment such as resuscitation dolls, newborn resuscitation kits with manual suction apparatus, the EINC training kit and delivery simulation kits. The training was aimed at all those involved in the delivery and care of newborns: municipal health officers, maternity ward nurses, resident physicians and rural health midwives who were prioritized. A total of 344 health service providers were trained on the EINC protocol (146 in Region 6, 58 in Region 7 and 140 in Region 8) between January and August 2014.

This new protocol provided simple, cost-effective intrapartum and newborn care interventions for skilled health professionals that improved neonatal and maternal care. This protocol was simple because it required health workers to deliver babies following a logical sequence, and it was cost-effective because no additional materials or equipment were needed to perform the protocol. The usual practices of IV fluid infusion, perineal shaving, and baby oil, powder and soap for the newborn were removed from the protocol.

Kangaroo mother care (KMC)

KMC, defined as skin-to-skin contact between a mother and her newborn with frequent and exclusive or nearly exclusive breastfeeding, has been shown to be a life-saving intervention for preterm and/or low birth weight (LBW) babies.⁶ KMC was included in the guidelines as pregnant women subjected to undue stress and mental or psychological pressure are more likely to have premature and LBW babies.^{7,8} It was for this reason that specific training on KMC was conducted at tertiary-level hospitals within the Haiyan-affected areas (Regions 6, 7, 8 and 9). Prior to Haiyan, the Eastern Visayas Regional Medical Center (EVRMC) in Tacloban City in Region 8 was the only accredited KMC Center for Training and Excellence.⁹

The post-Haiyan training in KMC also used a train-the-trainer approach: a five-day training of trainers for 30 participants from tertiary facilities in Regions 6, 7, 8 and 9 using classroom and hands-on workshops in June

and October 2014; each trainer then trained participants from all health services that provided maternal and newborn care. By March 2015, 15 health facilities have had training and implemented KMC.

One of the observed benefits of the KMC programme post-Haiyan was the increased involvement of fathers. Health staff reported that before Typhoon Haiyan, fathers were rarely involved in infant care. After Haiyan, because of KMC training, monitoring, community advocacy, and supportive supervision of health providers, the family and the community, more fathers were observed participating in KMC in EVRMC and Vicente Sotto Memorial Medical Center in Cebu City.

CONCLUSION

The guidelines for maternal and newborn care following emergencies and disasters in the Philippines were used extensively across the entire health sector and will continue to guide maternal child care in all future emergencies in the Philippines. The four interventions of the EINC protocol were implemented across Regions 6, 7 and 8, and KMC was successfully implemented in 15 health facilities.

This brief report focused on the training programme for the EINC protocol and KMC. A limitation of this report is that formal evaluations of the programmes were not included. However, anecdotal evidence, as well as the high number of health workers trained, suggest the guidelines were useful in this disaster setting. The guidelines could also be adapted for use by other countries, particularly those with low resources and disaster-prone settings. These reasonably straightforward, low cost and low technical interventions allowed for a successful maternal and newborn health response following Haiyan.

Conflicts of interest

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