





Empowering parents & Caregivers to improve quality of care for small and sick newborns

Prof. Dr Arti Maria
MD (Paediatrics), DM (Neonatology)
Dean
ABVIMS & Dr RML Hospital



Facility
Based
Sick
Newborn
Care in
1980's....







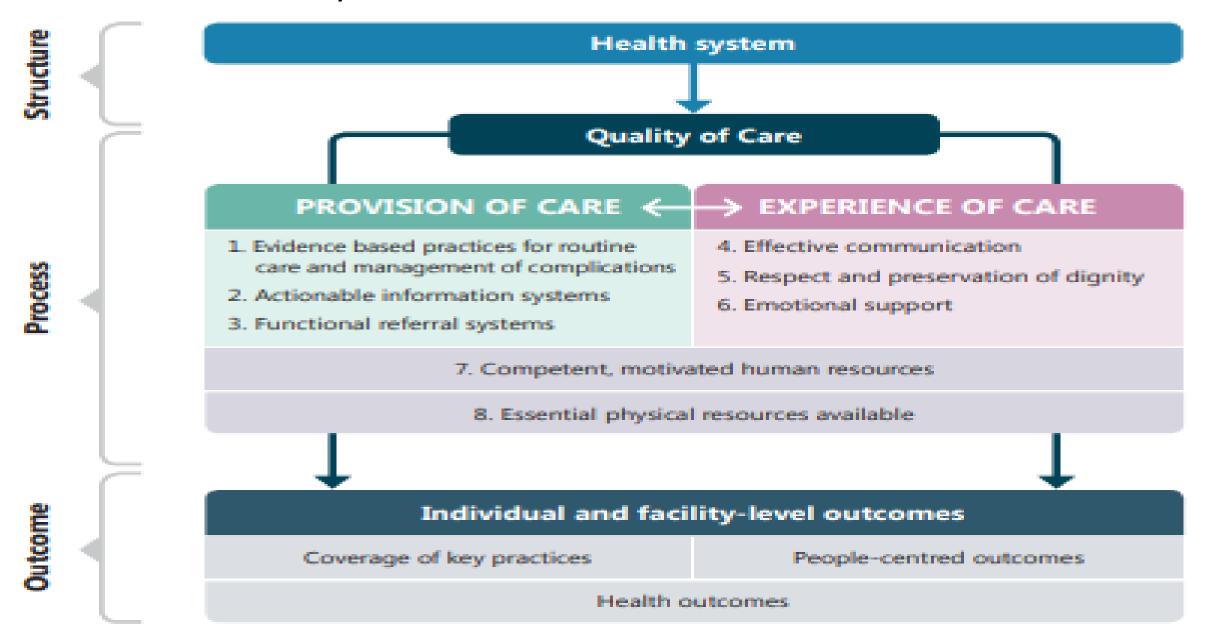


Facility
Based Sick
Newborn
Care
now.....

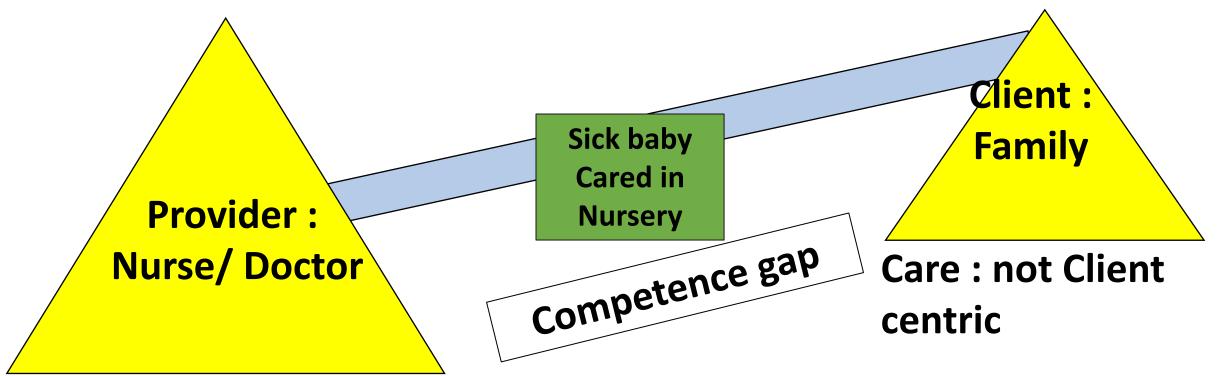




WHO Quality Of Care Framework for Maternal-NB



Conventional Model for Care of A Sick Newborn: GAPS



Care: Provider centric

Role : Power/ Control/ authority

Challenge: Inadequacy

Outcome: Overburdened

- Compromised QOC

Role: Passive receiver in Silo

Challenge: Separation

Outcome: -Unmet needs: Info/

guidance/support

-Anxiety

-个 Stress







RESEARCH PAPER

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

Ankit Verma, Arti Maria, *Ravindra Mohan Pandey, ^{\$}Charoo Hans, Arushi Verma and [#]Fahima Sherwani From Departments of Pediatrics and ^{\$}Microbiology, PGIMER and Dr. RML Hospital; ^{*}Biostatistics, AIIMS; and [#]Management Studies, IIT; New Delhi, India.

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

458

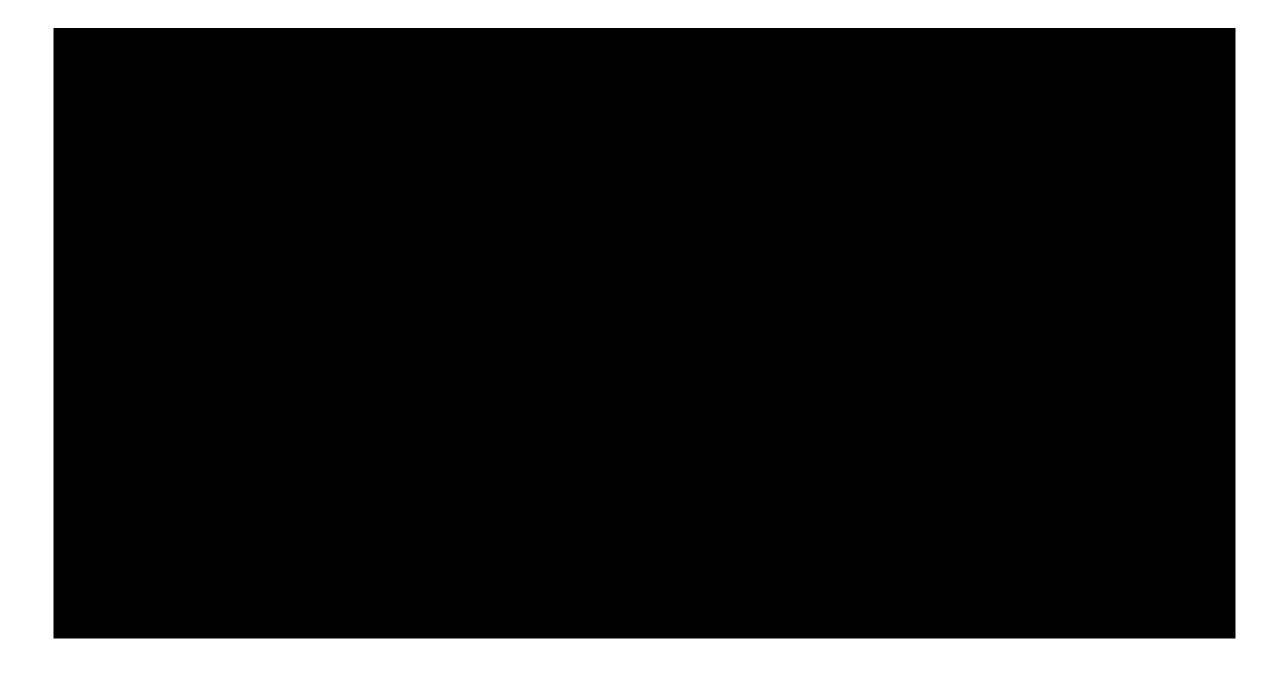
VOLUME 54—JUNE 15, 2017

No ↑ in Infection

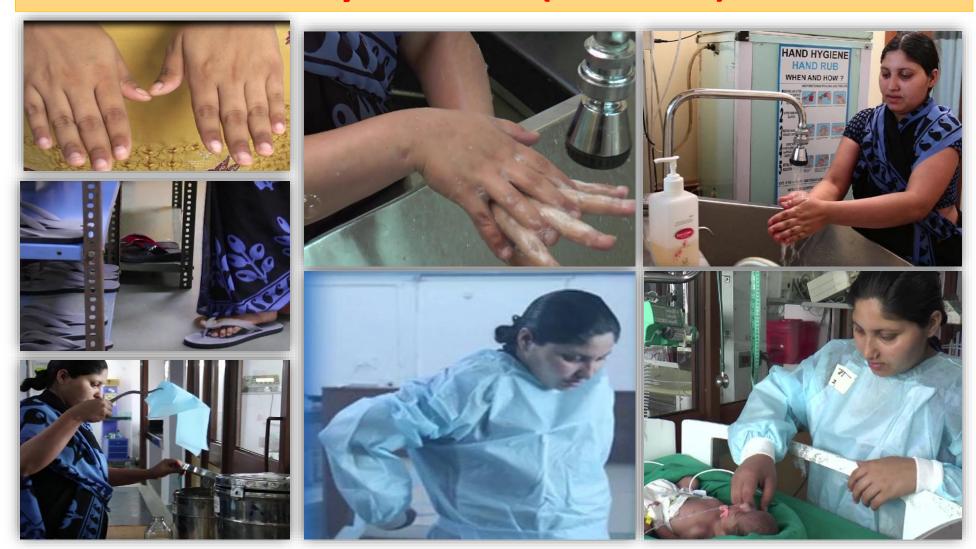
↓Hospital stay

↑ Breast feeding

Feasible & Safe



Entry Protocol (Session I)



Developmentally Supportive Care (SESSION II)







Developmentally Supportive Care: Feeding (SESSION II)



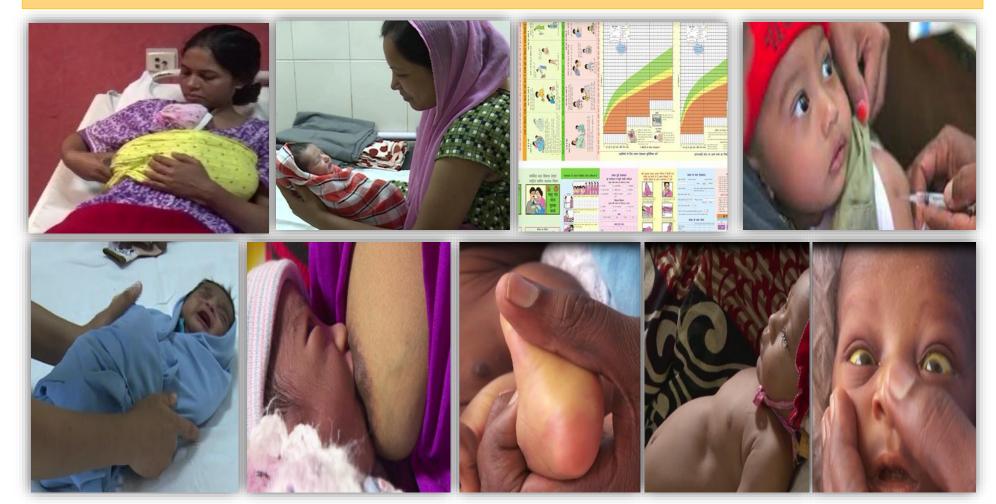
Kangaroo Mother Care (Session III)







Preparation for Discharge and care at Home (SESSION IV)



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



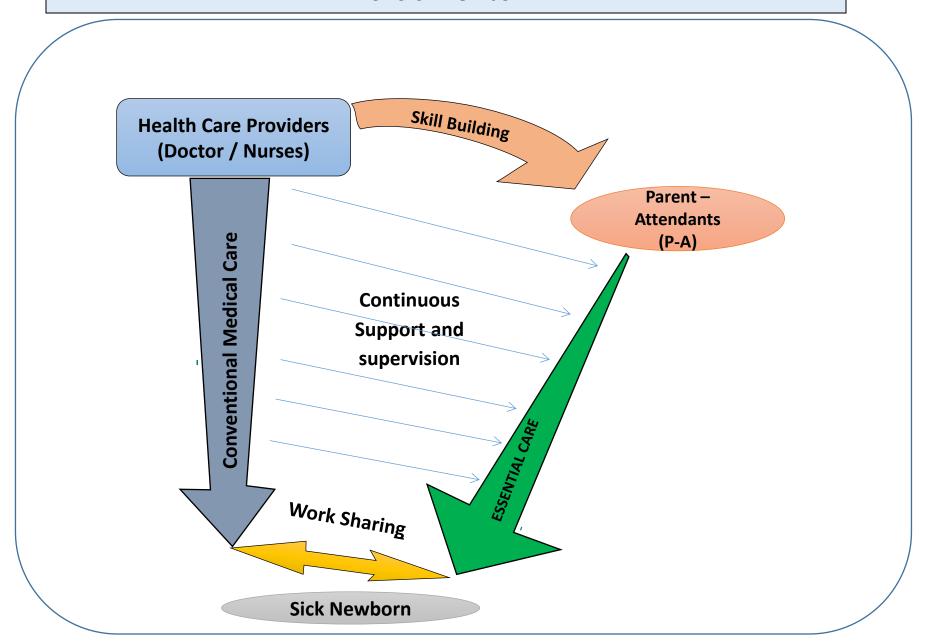
Discharge Counseling

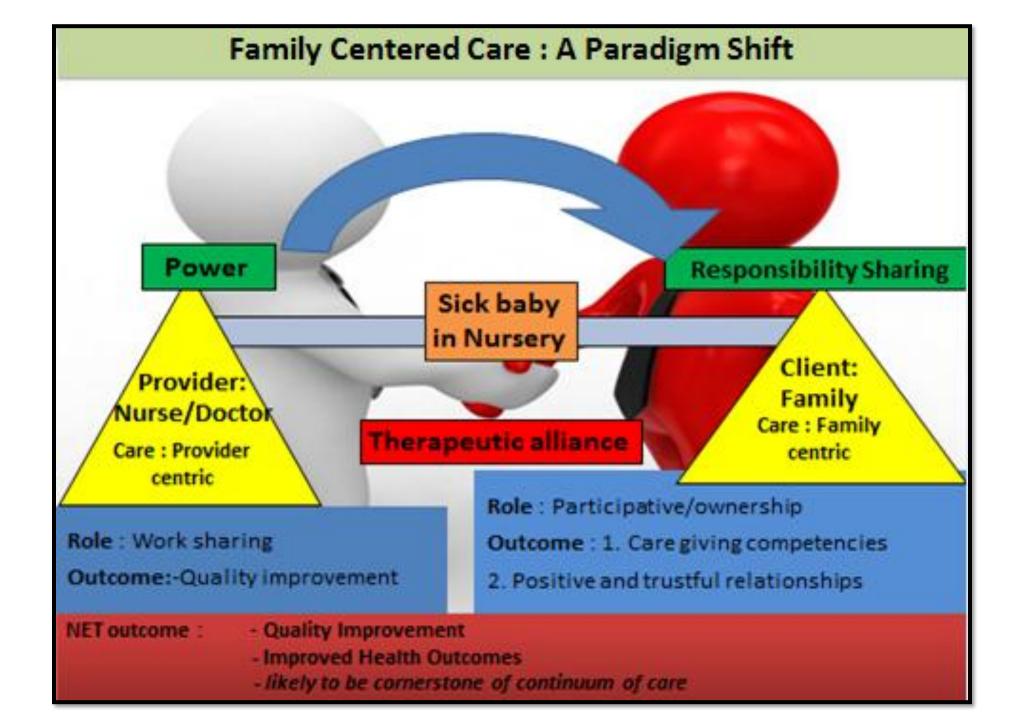


Continuum of Care at home



Operational Concept of Family Participatory Care For Sick Newborn





Family Centered Care (FCC)?

An approach,
an attitude,
a mindset,
a concept

WHATA

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





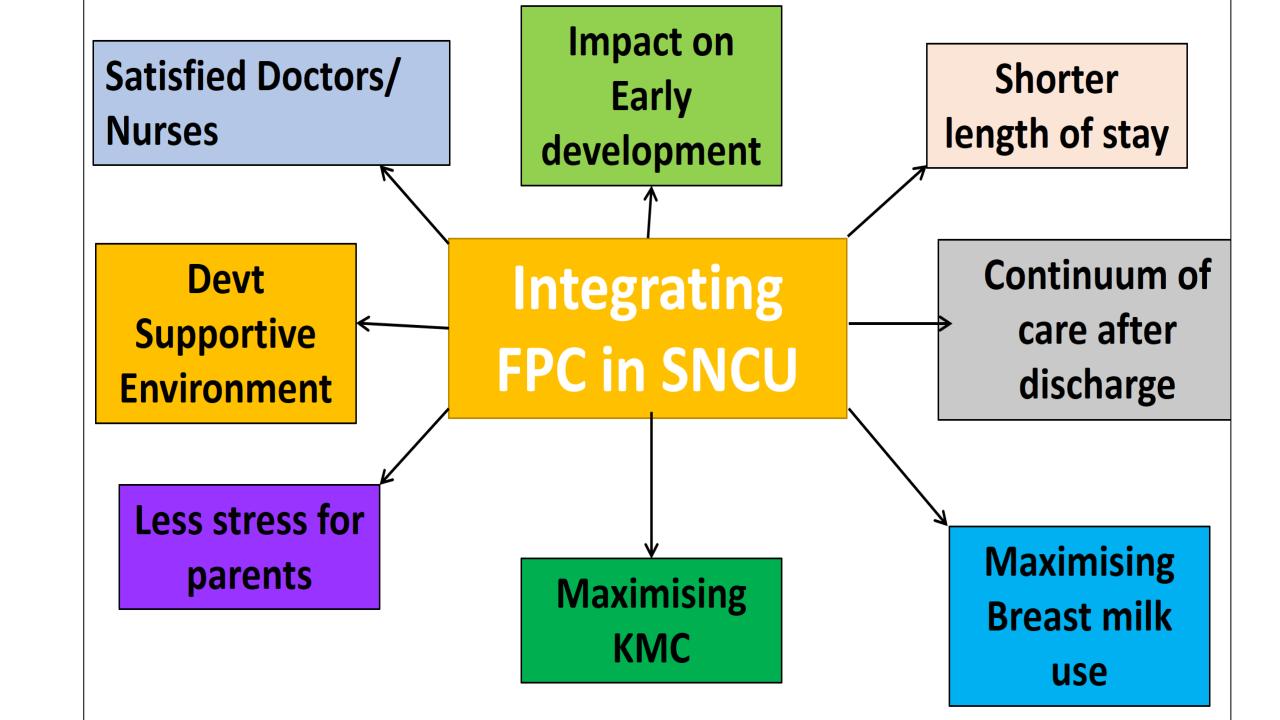










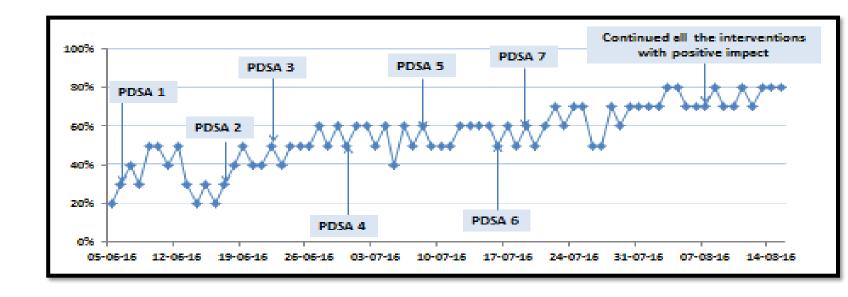


1. Improving hand hygiene among mothers unde FCC: A quality improvement initiative









Open access

Quality improvement report

BMJ Open Quality Improving handwashing among parentattendants visiting a newborn unit practising family participatory care

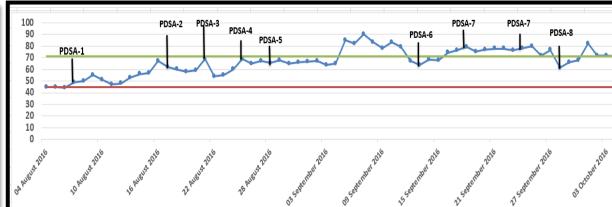
> Arti Maria 0, 1 Ankur Sooden 0, 2,3 Rashmi Wadhwa, Ravleen Kaur, Indu Gaur, Ravleen Kaur, Indu Gaur, 1 Kalsang Lhamo, 1 Vallamkonda Nagaratna 1

2. Quality Improvement Project on increasing the amount of Breast milk intake among neonates admitted in the unit











Quality Improvement Project to Increase the Average Amount of Breast Milk Intake among Sick Neonates at a Tertiary Level Family Centred Care Outborn Referral Neonatal Unit.



Team of Department of Neonatology, Dr. Ram Manohar Lohia Hospital & PGIMER, New Delhi, India Background Problem Analysis: Fish bone analysis Impact Assessment

Mother's milk is the ideal complete food for a newborn to promote brain development & to protect from infections. This is more so especially in outborn neonatal units where mothers

Thus opportunity of early establishment (first 3-4 days) of lactation is lost in

Problem Statement

Unit of Analysis: East, seek in Inclusion:
Inclusion:
Bables who was ever on enteral feeding,
If baby is receiving mother's EBM for 3 consecutive days, in her
If baby is receiving mother's EBM.

If pagy is recommended by the constraint of the days
Average EBM rate = Sum % of EBM of total feed volumes calculated for all feeds all the eligible babies
Number of eligible babies

alculation done daily was used to get average weekly or monthly EBM rates of

Ain Statement
Increase the average intake of Breast Milk (EBMobilect breastfeeding) among
sick newborns eligible for feeding at the <u>outborn</u> nursery from 46.5% (4
g*16) to 80%(4 Oct*16) in 8 weeks.





cessibility of formula feed(FF) to mothers was restricted by giving the responsibility of FF on to nursing officers observed that mothers were becoming more dependent on breast pump.

Achieving high EBM rates in <u>outborn</u> NICUs requires focussed attention and constant efforts on part of the providers of care. Health care providers need to help and support mothers (who are separated from their baby for medical reasons), to maintain lactation even during period of baby's

References

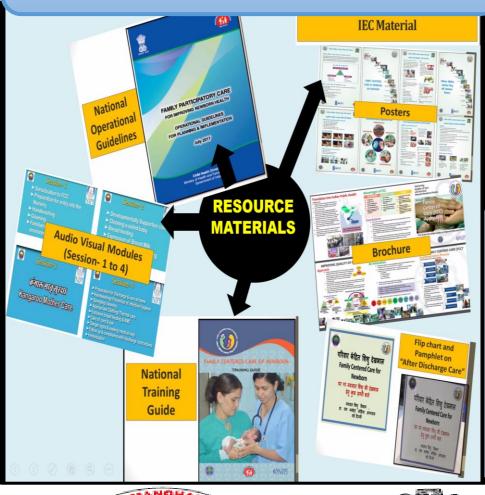
3. Quality Improvement Project on increasing Kangaroo mother care hours in NICU

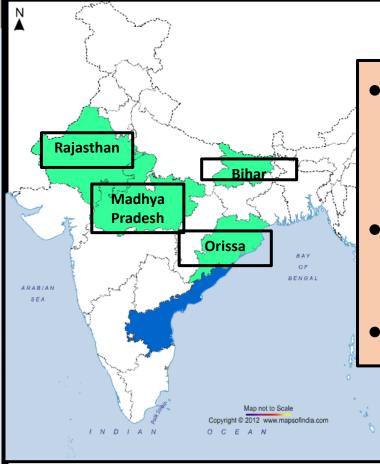






Translation in Public Health Country Scale up 2014- till date





FPC: National Health
 Program 2017

• 69 Units 2017

• > 700 Units ...







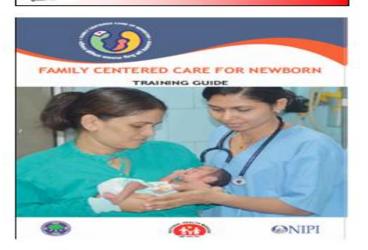




FPC Model















Attitude



Infrastructure



Practices

STRENGTHENING INFRASTRUCTURE (KMC units approved under NHM)



TRAINING OF KEY PROVIDERS AT PROPOSED APEX RESOURCE CENTRE



TRAINING OF KEY PROVIDERS AT PROPOSED APEX RESOURCE CENTRE: SKILLS LAB



ORIENTATION OF PROVIDERS IN DISTRICT NEWBORN CARE UNITS



ORIENTATION PROGRAMME FOR MOTHERS IN SNCU



ORIENTATION PROGRAMME FOR MOTHERS IN SNCU



ORIENTATION: PREPARATION FOR ENTRY INTO NURSERY







ORIENTATION: BREAST FEEDING AND KMC



SUPPORT FOR KMC





At SNCUs

Transformative Participation



Qualitative & Quantitative Assessment of FPC in 38 facilities in India

SN	Qualitative Opinion of Doctors and Nurses (N=38)	Improved	No Change	Not Sure
1.	Quality of care since starting FPC in the facility	97%	-	3%
2.	Breast feeding practices in the facility	97%	3%	
3.	KMC practices in the facility	100%	-	
4.	Nosocomial infections in the facility	34%	39%	27%
5.	Follow up of discharged cases in the facility	74%	26%	

- Integration with FBNC
- State own up: Scale up support
- FPC is doable in public health framework
- At Facility: : Enabling logistics, Increased demand by Moms, better QoC
- Post discharge :Mortality dec., Improved Adherence with Follow up, continued EBF & KMC at home

Outcome: Follow up of 9500 newborns after discharge shows mortality<1%

FPC: Challenges in implementation

Major

- Strong Leadership: Drivers for Change!
- Mindset, Behaviour & Attitudinal Change of Providers: BCC

Minor

• Adherence to entry protocols ,Involving mothers who had complications/ CS, Availability of logistics (AV aids/ Mother gowns/ Sleepers/lockers), Involvement of service providers of all the cadres in FPC ,Communication and training skills of service providers, Availability of space for conducting sessions, Organising sessions as planned on fixed time, Documentation and reporting

Recommendations for way forward:

- Phased implementation
- Allocation of adequate finances
- Enhancing capacity of system functionaries
- Strengthen Follow Up Mechanism
 with Integrated Home Visitation
- Reflect FPC & nurturing care in all training packages

- Data related to coverage & quality
- Supportive Supervision
- Effective Social Mobilization
- Expand scope of FPC
- Linkages to other programs
- Invest in local research & Explore evidence based newer solutions
- National Coordination mechanism



SURVIVE and **THRIVE**

Transforming care for every small and sick newborn

World Health Organization Unicef (9) for every child

Family Participation in the Care of the Inpatient Newborn

Every year 15 million newborns are born preterm¹ and many others have life-threatening conditions that require health and Every year 15 million newborns are born preterm, and many others have life-threatening conditions that require developmental outcomes improved patient and family experience of care enhanced clinician and staff satisfaction. hospitalization. Family engagement in inpatient care of small and sick newborns leads to better health and and wiser allocation of recourses. Conversely a lack of systemic support for parental participation may result in developmental outcomes, improved patient and family experience of care, enhanced clinician and staff satisfaction, unintentional harm to both newhorns and their families. Findaging families as active caregivers during innatient DO NO HARM TECHNICAL BRIEF and wiser allocation of resources. Conversely, a lack of systemic support for parental participation may result in adaptation and flexibility.

A global focus to ensure that newborns not only survive but thrive into adulthood has led to an increased appreciation for the value of family participation in inpatient care. Building reciprocal partnerships between families and providers is fast becoming a standard for healthcare planning and delivery across the lifecycle. The core principles of family-centered care are: 1) dignity and respect; 2) information sharing; 3) participation; and 4) collaboration.² While there are many models of family participation for the inpatient newborn (see note on terminology below), all share a common view that the baby, the parents/primary caregivers, and healthcare providers of care. Integrating parents as caregivers during the inpatient period short- and long-term wellbeing. Moreover, providing

EVERY PREEMIE









NURTURING CARE FOR SMALL AND SICK NEWBORNS: EVIDENCE REVIEW AND COUNTRY CASE STUDIES

August 2019











11th GENEVA CONFERENCE ON PERSON-CENTERED MEDICINE

Person - Centered Women's Health 40 Years after Alma Ata Core Conference 9 – 11 April 2018

Geneva University Hospital and World Health Organization

Pre-Conference Workmeeting 8 April 2018

FAMILY CENTERED CARE IN LMICS: EXPERIENCE FROM INDIA

rates with no increase in infection rates in the intervention group. for their sick neonate was demonstrated to be feasible and

The concept of parental involvement in NICU was tested initially in Adapting and translating principles of family centred care (FCC) into 2007 to overcome severe HR constraints at a Neonatal Intensive a discrete implementable framework of a respectful collaborative Care Unit of north India. However multiple fringe benefits were partnership between the provider and receivers of care for care of observed with this intervention! A randomized controlled trial1 their sick neonate and delivered through a culturally sensitive, (2010-12) demonstrated improvement in exclusive breast feeding structured, audio-visual training tool to build capacity of P-A to care



Prof. Arti Maria Physician Neonatology Consultant & Head, Department of Neonatology PGIMER & Associate Dr. RNL Hospital New Delhi, India.

artimaria@gmail.com

acceptable. Additionally, FCC addresses unmet developmental needs of a sick neonate as well as psychosocial needs of the References Government of India MOHFW has recently approved countrywide

stressed family2. After the successful initial pilot at 5 districts, 1. Family-Centered Care to Complement Care of Sick Newborns: Randomized Controlled











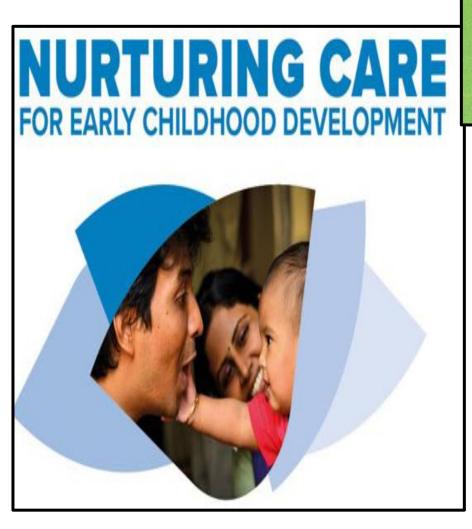








Seventy-first World Health Assembly #WHA71



Family Participatory Care in India

A gateway to nurturing small and sick newborns





Acknowledgements: This profile was developed in support of Nurturing Care for Early Childhood Development. A framework for helping children to survive and thrive to transform health and human potential.

Writers India: Mrs Preeti Sudan, Mr Manoj Jhalani and team, Ministry of Health and Family Welfare, Government of India, Professor Arti Maria and team Ram Manohar Lohia Hospital, New Delhi; Dr Harish Kumar and the Jhpiego and Norwey-India Partnership Initiative team, Professor Narendra Kumar Arra, International Clinical Epidemiology Network; and State Health Societies.

Contributors to development and review: Matthew Frey, Bettina Schwethelm, Design: PATH,

For more information, please see www.nurturing-care.org or contact NurturingCare@who.int

RESEARCH ARTICLE

Open Access

Acceptability of a family-centered newborn care model among providers and receivers of care in a Public Health Setting: a qualitative study from India



* Correspondence: artimaria@gmail.com

²Department of Neonatology, PGIMER & assoc. Dr. RML Hospital, New Delhi,

Full list of author information is available at the end of the article



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Technical meeting on standards of care for small and sick newborns 10-12 April 2019 Chateau de Penthes, Geneva

Meeting Objectives

- Review and provide inputs on the work related to nurturing care for small and sick newborns
- Review and provide inputs on the work related to developing a neonatal nursing roadmap
- Review and provide inputs on the work related to the rights of the newborn and respectful newborn care
- Review and endorse the proposed WHO levels of newborn care for essential, special and intensive care with interventions and health system requirements
- Review the scope and content of draft standards and criteria (quality statements) for improving quality
 of care of small and sick newborns
- Propose the indicators (quality measures) for monitoring quality of small and sick newborn care
- Discuss the process of implementation to facilitate the uptake of the standards

Research Article

An Assessment of Implementation of Family Participatory Care in Special

Newborn Care Units in Three States of India

HARISH KUMAR¹, ASHFAQ BHAT¹, VARUN ALWADH²I, ARTI MARIA³, RAJAT KHANNA¹,

SUTAPA B NEOGI4 AND AJAY KHERA5

From ¹Norway India Partnership Initiative; ²Departments of Pediatric, Kalawati Saran

Children Hospital; ³Department of Pediatrics, Ram Manohar Lohia Hospital; ⁴Indian

ABSTRACT

Objective: To study Special Newborn Care Units in terms of Family Participatory Care quality initiative as per Government of India guidelines in select public health facilities, and to document the perspectives of the doctors and mothers. Design: Cross-sectional. Settings: Special New-born Care units with functional Family Participatory Care units in the states of Odisha, Madhya Pradesh and Rajasthan. Participants: 38 Special New-born Care units with functional Family Participatory

Title

 Assessment of feasibility and acceptability of a family centered care framework implemented at a neonatal intensive care unit in New Delhi, India.

Authors

 Arti Maria, MD, DM¹; James A. Litch, MD, DTMH²; Maria Stepanchak, MPH²; Harish Kumar, MD³

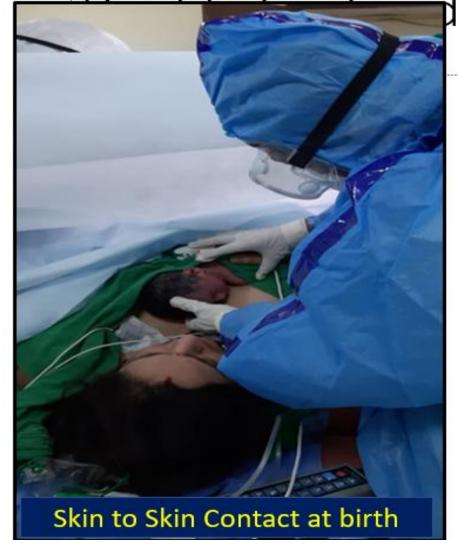
•

- Author affiliations
- ¹Ram Manohar Lohia Hospital (RML) Hospital, New Delhi, India (A.M.)
- ²Global Alliance to Prevent Prematurity and Stillbirth (GAPPS), Lynnwood, WA, USA (J.A.L and M.S.)

Delivering FCC for Small & Sick Newborn care in COVID times

Skin to Skin Care at Birth in COVID +ve Moms





Rooming-In & Lactaiton Support in Mat. COVID Isolation Ward





Practice respiratory hygiene and wear a mask



Wash hands before and after touching the baby



Routinely clean and disinfect surfaces



Bedside sanitisers in COVID wd



Lactation support in Post natal ward





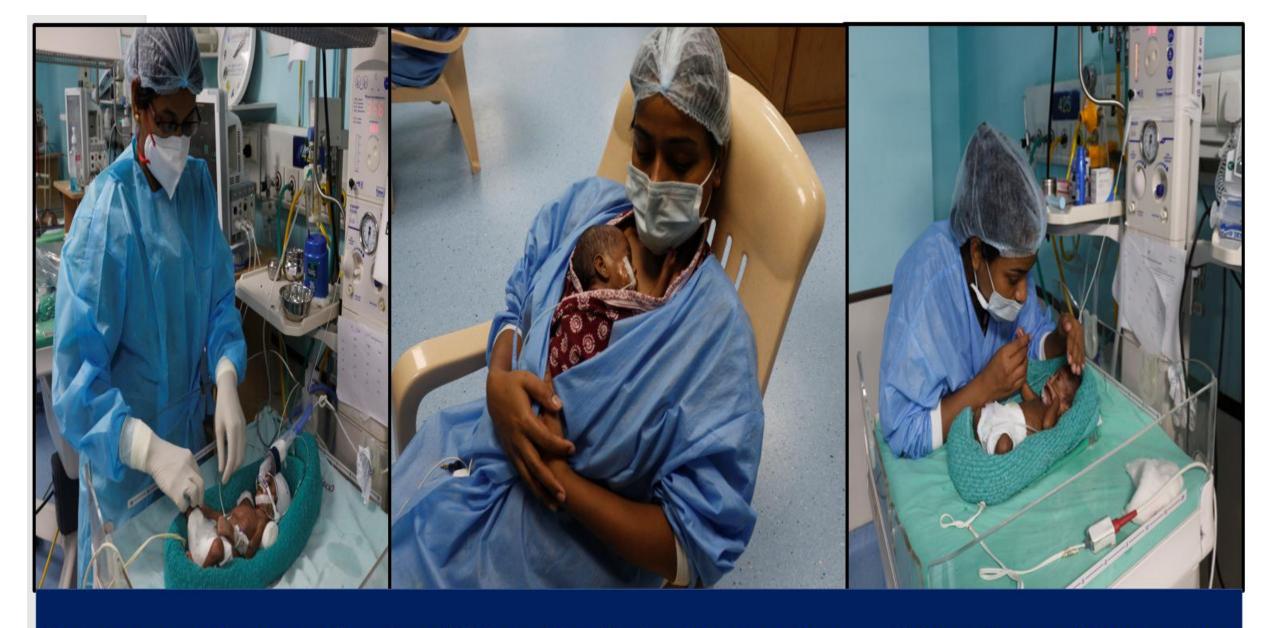






Family Centred Care





Developmentally supportive Care, KMC and Family Participatory Care Using adequate IPC measures

MOM with CRF on Dialysis Maintaining Continous Supply of EBM with support of Grand Mother.









Father providing KMC

Family Centred Care is.....

- A humane way to care: A Gateway to Nurturing Small & Sick NBs
- Is a paradigm of Quality.

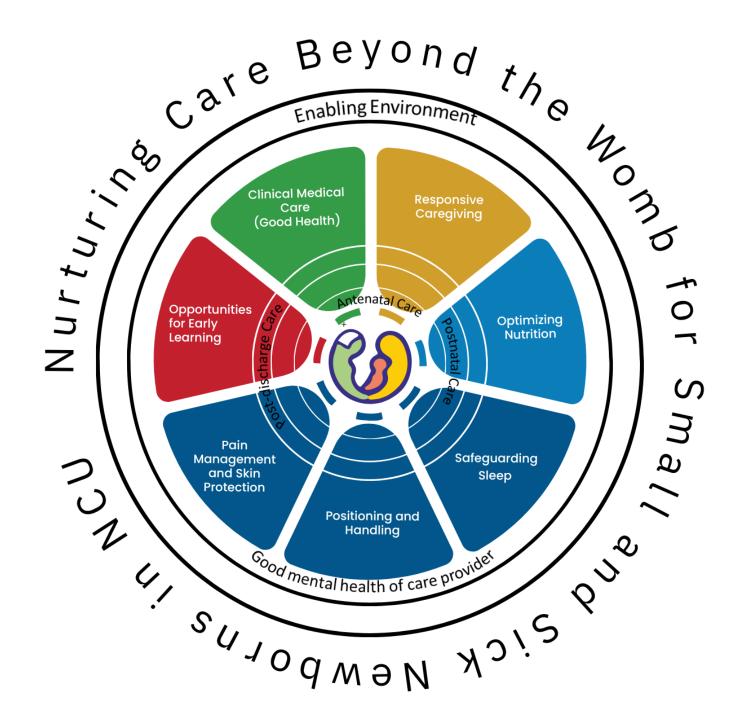
Zero Separation Creates opportunity for lifelong bonding.

• A family's right to a respectful care: Need to protect, support & promote!

- Community Empowerment holds the key for developing social accountability of health .
- Operational feasibility & acceptability in Indian health care setting has been promising.

Experience of care- for Small & Sick Newborn





Nurturing beyond the womb: Early intervention for small and sick newborn



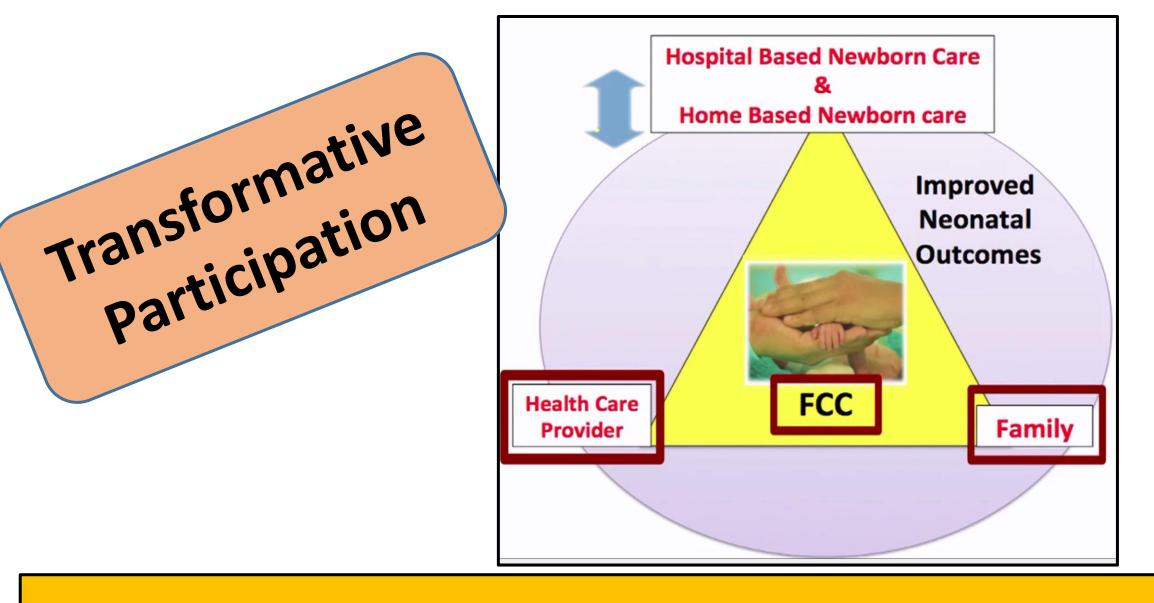












Family Centred Newborn Care holds the key for developing social accountability of health & may help achieve Sustainable Development Goals.

- Future of neonatology depends on this survival-to-thrival shift.
 - Maria A. The future of neonatology: bridging gaps, shaping realities. Lancet Child Adolesc Health. 2025; 9:521-522. doi:10.1016/S2352-4642(25)00167-1.
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- <u>A(ii)</u>: <u>Author/Reviewer contributor</u> for Family Centered Care and Nurturing Care Related:
- National Resources (Ministry of Health (MoH), Government of India (GoI) resource materials)
- Operational guidelines on Family Participatory Care for Improving New-born Health80.http://nhm.gov.in/images/pdf/programmes/childhealth/guidelines/Family Participatory Care for Improving Newborn Health-Operational guideline.pdf
- An author contributor for national Training guide for Family Centered Care for implementation and scale up as one of the country's National health program of MOHFW GOI.2016
- Numerous international Webinars/Podcast/ thesis PG, PG, DM, PhD
- Numerous projects with WHO, UNDP, USAID

International resource materials Family Centered Care:

- http://www.healthynewbornnetwork.org/blog/family-centered-care-sick-newborns-paradigm-social-collaboration-improve-maternal-newborn-health-outcomes/
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 Thrive KEY FINDINGS FINAL.pdf A global document on small and sick newborn care launched on World Prematurity Day 2018 as well as during PMNCH partners forum meeting in India in December 2018. https://apps.who.int/iris/bitstream/handle/10665/276655/WHO-FWC-MCA-18.11- eng.pdf?ua=1
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- An author contributor in the book:" Delivered Too Soon" 1st action report on preterm birth in India IFPB (Indian Foundation for Premature Babies) released on world prematurity day on Nov 16, 2013. http://www.thehealthsite.com/news/delivered-too-soon-india's-first-action-report-on-preterm-births-world-prematurity-day-2013/
- Khadka, Neena, Caitlyn Bradburn, and Arti Maria. 2024. Infant- and Family-Centered Developmental Care: Hospital-to-Home: Participant's Manual. Washington, DC: USAID MOMENTUM.
- Khadka, Neena, Caitlyn Bradburn, and Arti Maria. 2024. Infant- and Family-Centered Developmental Care: From Hospital-to-Home: Facilitator's Manual. Washington, DC: USAID MOMENTUM

- A (iii): Audio-Visual Resources developed with International Collaboration
- Developed 7 modules of Nurturing Care package for sick and small newborns (with support from WHO country office)
- http://www.healthynewbornnetwork.org/blog/family-centered-care-sick-newborns-paradigm-social-collaboration-improve-maternal-newborn-health-outcomes/
- Family Centered Care Training videos structured into 4 sessions 1 to 4 (available on Govt of India National Health Mission (NHM) website) (with support from UNDP & Norway India Partnership Initiative (NIPI))
- A video on operationalizing Skin to Skin Care SSC among Cesarean born babies to implement early initiation among cesareans so that breast feeding may besustained evenin this subset of babies. English: https://youtu.be/3M9blQpS5Sw, Hindi https://youtu.be/3M9blQpS5Sw
- Other Advocacy videos related to FCC
- FCC genesis and Journey: https://youtu.be/yOEwCRIcrl0
- Scaling up of FCC across the communities https://youtu.be/280rApCzE0U(A Norway India Partnership Initiative production)
- Family Centered Care (FCC): At A Glance- https://youtu.be/ui7YcfTMd74
- FCC: Parents' experiences- https://youtu.be/BVaikd1nFaQ
- Videos on early intervention
- Video 1 Sensitization to the NICU environment with recognition of stress behaviours https://youtu.be/mgkCyFU-Yss
- Video 2 Appropriate positioning of the baby https://youtu.be/G5K7Hq3v0II
- Video 3 On appropriate sensory stimulation of the baby in the NICU-
- https://youtu.be/BTHGHqx7ykA
- Video 4 PIOMI and NNS https://youtu.be/ICbb6LdHMqg
- Video 5 cluster care and pain management https://youtu.be/BTHGHqx7ykA
- Video 6 on post discharged continuing activities of early intervention till 3 months https://youtu.be/OInNPzQAeS0
- · Videos on breastfeeding
- Plus videos on Breast Feeding IN COVID times
 - Videos on Establishment of Skin-to-Skin Care in Caesarean,
 - Breast Feeding during covid times
 - · Re-lactation.
 - Making breast milk available to baby separated from COVID positive mother
- Also, many Breastfeeding Posters (English + Hindi)

Collaborative Research projects with

- WHO India Country Office
 - APW2024 under process- Proposal for developing a Nurturing Care training package for small and sick newborns, piloting and testing acceptability and feasibility of this package for implementation in SNCUs
 - APW Reg# 2022/1277072; PO# 202960031 PGIMER-RML, New Delhi Developing AV resources on Nurturing Care for Newborns with focus on El in new-born care units, 26 Sep 2022 to 25 Sep 2023
 - APW Reg# 2022/1303877; PO# 203030568 PGIMER-RML, New Delhi Assessment of factors influencing EIBF practice among mothers delivering through caesarean section, 12 Dec 2022 to 11 Oct 2023
 - APW Reg# 2021/1145796 PO# 202713897 PGIMER Dr RMLH, New Delhi Awareness Campaign for WBW 2021: Ensuring early initiation of breastfeeding in both normal and C-section deliveries, 1 Aug to 30 Sep 2021
 - APW Reg.#2020/1040431-3; PO#202571647-3: PGIMER Dr Ram Manohar Lohia Hospital, New Delhi Supporting Breastfeeding Among COVID-19 Mothers, 29 July to 31 December 2020

Extramural Research projects with USAID

- Partnership with SAMVEG (IPE Global) and taking forward the vision for establishing a National Resource Center (NRC) for Convergent action against Lead toxicity (special focus Maternal-Newborn)at RML Hospital. 2024
- Within this project undertaking research on evaluating impact of lead toxicity on perinatal health outcomes

- Numerous international Webinars/Podcast/ thesis PG, PG, DM, PhD
- "Family participatory care in India Partnering with families to care for small and sick newborns" with WHO QED Network on 24th September at Mon Sep 24, 2018 3:30pm 4:30pm (IST). Register link at https://who-meeting.webex.com/who-meeting/onstage/g.php?MTID=e03e7f9982460c2c3c43d547a6bc3d7c6
- A Podcast on Family Participatory Care was done with WHO QED network in August 2018.
- http://www.healthynewbornnetwork.org/blog/family-centered-care-sick-newborns-paradigm-social-collaboration-improve-maternal-newborn-health-outcomes/
- https://isqua.org/docs/default-source/education-/isqua-webinar_artimaria february-2018.pdf

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Our unit staff /doctors and RML Hospital





Thank You