

Abstract

Purpose: Early Essential Newborn Care (EENC) is a package of interventions provided to the mother and newborn with a demonstrated effectivity in prevention of newborn deaths. In this study, we worked with a team consisting of midwives who participated in the three-day EENC seminar in an urban Tanzanian healthcare facility and developed coaching strategies for the implementation of EENC on-site. This study (a) observed and evaluated midwives' behavior change after introducing EENC; and (b) identified the barriers affecting EENC adoption at the facility.

Methods: This study was an action research approach—the researcher's stance was an observer as participant—conducted from the end of July 2017 to the end of October 2017, using mixed methods consisting of (a) participant observation with midwives for their behavior on team meetings, coaching sessions and clinical EENC implementation; and (b) questionnaires to midwives to review the change of perspective toward EENC. The study participants were all midwives who work at the maternity wards at the facility and participate in any capacity in deliveries. Qualitative data from team meetings and coaching sessions was recorded and analyzed sequentially to describe the actual team action process. Quantitative data from clinical EENC implementation was descriptively analyzed of the implementation rates and assessed the variation using the Kruskal-Wallis test, and the data from the questionnaires was descriptively analyzed using χ^2 test and Wilcoxon signed rank test. Ethical clearance was obtained from the Ethics Committee of St. Luke's International University (Approved number: 17-A027).

Results: For 12 weeks, the team conducted lecture and coaching sessions and held two team meetings—a de-facto schedule that differed from the initial plan. According to the implementation rates recorded during observation, EENC practical components improved over 50% from start to finish were “Dry baby thoroughly” (up 79.7%), “Remove the wet cloth” (up 69.5%), “Check cord pulsations stop” (up 59.5%), “Dry immediately” (up 54.2%) and “Put baby in direct skin-to-skin contact” (up 52.9%). With the progress of promoting EENC and clinical implementation, awareness of EENC increased and midwives' self-confidence on implementing EENC was significantly improved. Meanwhile, barriers for EENC adoption—shortage of manpower, other procedures deemed acceptably effective, and lack of time—were reported in increasing numbers from the first questionnaire to the third. Additionally, continuing education was the greatest need among the participants.

Conclusion: Midwives' clinical implementation was deemed to be changing by the on-site trainings; however, there were some barriers to EENC adoption. This study's results suggest a holistic approach to ameliorating the existing barriers to adoption—with an emphasis on drawing together teams comprised of all stakeholders: from field staff through hospital management, as well as community and government stakeholders.