Using participatory design to support care continuity for small and sick newborns in Kenya

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Background

Evidence on what counts as high quality post-discharge care is available, however, there is limited implementation in practice in Kenya due to lack of resources and infrastructure. Coverage of postnatal care is generally low; however, outcomes are worse for small and sick newborns i.e., newborns that have been admitted to the newborn unit (NBU). My research explores co-production of ways to improve continuity of care in the Kenyan context by applying participatory methods.

Methods

I conducted a scoping review to explore how interventions had been used to improve continuity in resource constrained settings. The findings informed the tools used in my empirical work. I completed 13 days of ethnographic observations in a rural hospital, including informal discussions and 11 formal interviews with healthcare workers. I adopted the master-apprentice model of learning described by Alan Cooper; I observed processes and behaviours and asked participants questions to understand what was going on. I also conducted 12 formal interviews with guardians of newborns, and 18 hours of observations in home settings.

Results

The findings from the scoping review emphasised the importance of community health workers (CHWs) serving as a link between the community and hospitals. Despite the hospital having 10 CHWs attached to the facility, guardians of vulnerable newborns rarely interacted with CHWs. The review and primary research highlighted informational flow as a major barrier to continuity. Guardians were often unsure why their baby was admitted to the NBU and were given incomplete information at discharge due to time constraints, which in-turn led to attendance at follow-up with incomplete documentation, necessitating a new medical history to be obtained from memory. This medical history was subject to recall bias and limited by the understanding guardians had of their baby’s condition.

Discussion

Informational flow will be the focus of participatory workshops with healthcare workers and guardians. The aim is to co-design interventions with “end-users” to enable a smooth translation of research into practice. The findings from these workshops will be used to create a minimal viable product, which will be implemented and tested to change current practice and improve the quality of care received.