Follow up care to enable thrive of small and sick babies discharged from inpatient newborn care facilities: programmatic learnings from Himachal Pradesh

Ruchita Jalal¹ Jessy Joseph¹ Monal Nagrath¹ Siddharth Ramji²
Harish Chellani³ R.M. Pandey⁴ Mangla Sood⁵ Rajat Goyal¹
Rajib Dasgupta⁶

¹International Aids Vaccine Initiative (IAVI), India, Sikandarpur, Sector 26, India,
²Maulana Azad Medical College, India, ³Vardhman Mahavir Medical College, India,
⁴All India Institute of Medical Science (AIIMS), India, ⁵Indira Gandhi Medical College, India,
⁶Jawaharlal Nehru University, India
Background:

Infant mortality contributes to highest number of deaths in India. Bending the curve of infant mortality further requires focus on small and sick babies with an emphasis on newborn thrive beyond survival. These babies often require inpatient care, have highest risk of death and are prone to developmental delays which are preventable through effective follow-up care. While systems for follow-up care are in place, there is a need to understand follow-up care system and identify potential opportunities of strengthening care of small and sick babies discharged from inpatient newborn units.

Methods: Qualitative data was collected in two districts of Himachal Pradesh between April 2018 and February 2019 using multiple methods - In-depth interviews (IDIs) with 42 mothers/caregivers, and 12 frontline health workers (FHWs); non-formal interactions (NFIs) and group discussions (GDs) with health care providers (HCPs).

Results:

Most respondents (mothers) were content with care provided by the HCPs, however, the linkages between community and facility-based care were inconsistent. There was no documentation system to enable referrals across the facility and community; while referral advise largely based on proximity to facility or to a higher facility to bypass further referrals. At the time of discharge, more emphasis was on clearing of discharge papers and prescribing medicines, with little attention by HCPs in generating awareness towards follow-up care. As a result, families showed poor follow-up visit to the facility on a stipulated date, rather they preferred seeking follow-up from nearby HCP. Nonetheless, contacting mothers via phone call by ASHA is becoming common. The number of home visits by FHWs for monitoring and screening (healthy, small, or sick neonates) were inadequate and largely limited to updating MCP card and informing about immunization with little or no counselling on danger sign identification or weight monitoring. Moreover, high workload and geographic challenges of the FHWs hinder service delivery and inter-personal relationships with community.

Conclusion: Strengthening linkage to facility level follow-ups would require greater accountability of HCPs at the time of discharge and ASHAs, post discharge at home, through training and appropriate supervision. This approach will help improve quality care and enhance equitable newborn care.