

be possible unless neonatal mortality is reduced by at least one half.

Most newborn that succumb every year die at home. They die at home for several reasons. First, most are born at home in developing countries and if they have complications, care seeking may be impeded by traditions. Second, the birth attendant is likely to be unskilled in managing labor and delivery, so birth trauma and asphyxia are common. Newborn with these conditions may quickly expire. Third, traditional household delivery and newborn care may place the newborn at increased risk of disease due to infection, anemia, hypothermia and hypoglycemia.

To address this issue, essential newborn care interventions are designed. These interventions are: cleanliness, thermal protection, early & exclusive breast feeding, initiation of breathing (resuscitation), eye care, immunization, management of newborn illness and care of preterm and/or low birth weight newborn.^{6,7,8,9}

The challenge of reducing neonatal mortality requires solutions through research to inform program innovation and action-oriented policies designed to improve newborn health. The essential newborn care should be based mainly in the community that may prove life-saving for newborn.^{10,11,12,13}

The purpose of this study to explore and compare existing essential newborn care practice in hospital –based facility and at home.

MATERIAL AND METHODS

This comparative, cross sectional study was conducted to learn about the essential new born care practices in hospital versus home based deliveries. The study was based on sample size of 30; among these half were hospital-based (Group-1) and another half were community-based care (Group-2), selected on convenient sampling basis. Group-1 samples were taken from the Labour room of DHQ Hospital Mardan and Group-2 from the Irum Colony Mardan, during the period from first June 2005 to 31st July 2005.

A questionnaire was constructed on the basis of the study objectives. Questionnaire was pre-tested in similar settings and amendments made where required. Data was collected on this observation-based questionnaire. A list of variables consisted of globally agreed essential newborn care interventions.

Female investigators of the study conducted interviews from mothers by visiting labour room of hospital and homes of newborn. The interviews obtained detailed information about immediate newborn care practices.

RESULTS

Mothers ages ranged 15-35 years. Eighty-two percent women were illiterate with minor criteria of being able to read and write.

The result of survey showed that in hospital based facility, 80% deliveries were conducted by nurses, 20% by skilled dais and none by doctors. Among these cleanliness was observed in 33.3% cases in immediate neonatal care , cord care was 100% ,thermal protection 83.3%,breast feeding within 30 min was 66.6% and within 1 day 33.5%.

All home based deliveries were conducted by unskilled birth attendants. Among these; regarding neonatal care, cleanliness was 16.6%, cord care was 80%, thermal protection was 100%, breast feeding was initiated after a day in 86% and within a day 14%.

Spontaneous breathing and routine EPI immunization was 100% in both the groups. Eye care in both groups was 0%. (Table-1, Figure-1)

Table-1: Comparison of essential newborn care practice in Hospital versus Home deliveries.

Essential new born care	Hospital Delivery	Home Delivery
Cleanliness	33%	16.6%
Cord Care	100%	80%
Thermal Protection	83.3%	100%
Breast Feeding	66.6%	14%
Spontaneous Breathing	100%	100%
Immunization	100%	100%
Eye Care	0%	0%

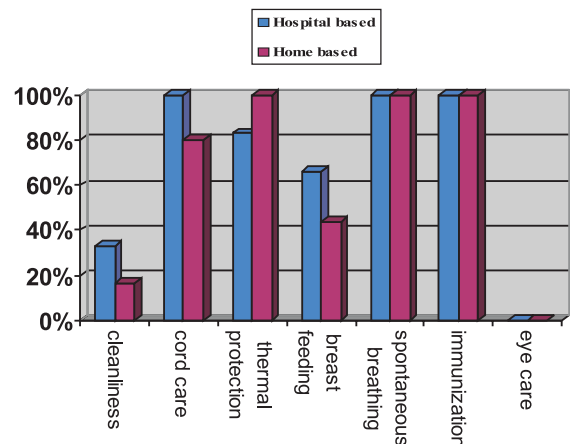


Fig-1: Comparison of essential newborn care practice in Hospital versus Home deliveries.

This study explored many interesting facts about the care practiced in the particular area under study. Newborns were placed onto the floor or other unhygienic surfaces. About 20% of the newborn babies had their cords cut with unhygienic tools, including old blades, knives and had potentially harmful substances applied to their umbilicus after cord cutting e.g. ash.

During this study, it was observed that health facilities had insufficient staff, drugs, equipment and supplies for deliveries and managing newborn problems. Even instruments in hospital facility were not properly sterilized. The community under investigation had poor utilization of nearest health facility mostly due to financial problems of the parents. Pregnant women and new mothers were mostly unaware of the danger signs before, during and after delivery and in newborn care.

DISCUSSION

This study revealed that newborn care is relatively neglected to date. Hospital based observations were painful evidence of poor care, regarding cleanliness, eye care, breast feeding initiation and thermal protection. Policy makers should think about strengthening of hospital care by evolving strategies that include concerned staff quality training, equipment /drugs supply and monitoring the services provided.

Traditional care providers at home, having very poor performance, cannot be ignored while trying to achieve better neonatal care in developing countries, like Pakistan, because most deliveries occur at home and health services may not be available. Even babies delivered in hospital may be affected by traditional practices after discharge.

Exhaustive search revealed no such study available or at least traceable for comparison in our country.

Limitation of our study is confinements to urban population and observations on a small sample size. This study should be taken as initiative to identify and understand newborn care behaviors in the hospital and at homes. It is proposed that a large scale country level study should be undertaken to explore this situation in depth.

CONCLUSION

This study highlights the deficiencies in newborn care. Both hospital practice and traditional home care neglected the basic principles of newborn cleanliness, early initiation of breast feeding, eye and cord care.

Identification of these practices will help to adopt standard guidelines to the local situation.

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