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NEONATAL CARE CHALLENGES IN ZAMBIA AND WAYS OF OVERCOMING THEM

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ABSTRACT

Zambia is among sub Saharan African countries experiencing high neonatal mortality rate (WHO, 2007). Currently neonatal mortality remains unacceptably very high (34 per 1000 live births). Neonatal deaths constitute approximately half of the proportion of infants who die leading to concerns of poor perinatal care in the country. This paper highlights some of the neonatal care challenges in Zambia and suggests ways of overcoming them.

INTRODUCTION

Neonatal Care challenges

The care of neonates faces many challenges. Discussed below are some of challenges faced by Zambia.

Infrastructure

Inadequate and inequitable distribution of health infrastructure across the country is a major challenge in the Zambian health sector more especially in the rural areas. In addition, there are only a few hospitals have neonatal intensive care units (NICU). While the distribution of health facilities in urban areas is better, long waiting time before a patient sees a health Care provider demonstrates the need to increase the number of facilities or expand the existing ones. Due to inadequate infrastructure, maintaining a warm chain and skin to skin Care for thermo protection and parental treatment of neonates of poses a challenge. Most of the first level hospitals and health centres do not have a designated neonatal ward and in some cases neonates are nursed together with children or adults thereby predisposing them to infections.

Inadequate Medical Equipment

Inadequate equipment for each level of service delivery has always posed a major challenge for the Government. Most health facilities do not have adequate equipment to constitute or complete the standard equipment list. Due to lack of equipment some diagnostic and surgical services are not done locally and the Government end ups sending patients abroad at

great cost. In some instances purchase of the equipment is not possible because it is expensive.

Lack of medical equipment especially in NICU such as incubators, infant monitors, pulse oximeters, arterial blood gas monitoring, oxygen and unstable power supply affect provision of quality care (Terhi and Lohela, 2012). Neonatal Intensive Care Units (NICU) standards with ventilator support are only available in tertiary institutions. Most institutions have no facilities for automated ventilation or total parenteral nutrition. Phototherapy machine and overhead warmers are another issue. Other notable gaps include masks for ventilator bags and masks for neonatal resuscitation, incubators, and towels for drying newborns after birth (Central Statistical Office (CSO), 2015; Ministry of community development, Mother and child health (MCDMHC), 2015).

Furthermore, maintenance of equipment in most hospitals is facing a lot of challenges due to inadequate budgetary allocation, shortage of maintenance personnel, lack of well equipped maintenance facilities and sometimes non availability of consumables, accessories and spare parts.

High disease burden compounded by the HIV/AIDS epidemic

The most common problems treated in the NICU are prematurity, birth asphyxia, neonatal jaundice, sepsis, congenital anomalies and other infections (Wilson *et al.*, 2011; Liu *et al.*, 2014). At present, there is a downward trend of HIV/AIDS transmission due to interventions of the elimination of mother to child transmission of HIV/AIDS.

Distance to the Health facility

Despite the ambitious target by the Zambian government to take health care as close to the family as possible most of the areas still suffer from long distances to access health care services for example, in rural areas only 46% of residents live within a 5 km radius of a health centre many still travel more than 50 Km to reach their nearest health facility (CSO, 2015).

Therefore, most of the ill neonates present late to the hospital requiring intensive care which may not be available at the facility or if available may not be adequate. Distance to health facilities could be associated to neonatal deaths in cases of home complicated deliveries (Terhi and Lohela, 2012).

Shortage of Human Resource for Health

Zambia is suffers from a chronic shortage of health workers as well as inequities in both the distribution of workers and in skills mix. This trend severely restricts service provision and achievement of the national health objectives.

There has been a shortage of health workers despite of the numbers graduating every year because of brain drain. Some migrate to other countries for greener pastures, while some die and others not employed due to poor policies of employing considering establishment vacancies and not looking at the institutional needs. Institutions are expanding while the establishment is static without creating more positions. This leads to shortage of staff and poor service delivery in the facilities as neonatal care is more involving needing all the attention and patience which cannot be exercised if the nurse is alone taking care of the whole unit (MCDMCH, 2015).

The human resource situation is critical, leading to abnormal staff to patient ratios, and the inequitable distribution of the available health workers, leading to imbalances. In addition to this the current establishment is inadequate to meet health workforce needs. The most affected are the rural areas, which do not have adequate capacities to attract and retain qualified health workers (Ministry of Health, 2012).

Lack of expertise in neonatal care

The few available health care professionals in the country are not specialised in neonatology. The health care professionals working in the NICU also lack short refresher courses like training in Emergency Obstetric and Neonatal Care (EmONC), Help Baby breath, Reach Every District (RED) in immunisations and Kangaroo care (MCDMCH,2015; CSO, 2015).

1.7 Poor quality of care /Health services

There are many gaps in knowledge of the steps necessary for neonatal resuscitation except at higher levels of the health system. Very few health workers were able to describe appropriate treatment for umbilical cord infections and there were some important gaps in Service provision for newborns at all levels of the health system, including treatment of umbilical cordinfections, eye infections, jaundice, and neonatal sepsis (Ministry of Community Development/Mother and Child Health- MCDMCH, 2015)

Currently, the neonatal mortality rate remains high however underreporting of deaths is usually assumed to be higher for deaths that occur very early inInfancy. Omission of deaths or misclassification of deaths as stillbirths may also be more common among women who have had several children or in cases where a death took place in the distant past (Central Statistics Office, 2015)

Ways of Overcoming the Challenges

There are numerous gaps in infrastructure at different levels of the health system and across facilities of the same type which needs to be addressed according to the institutional needs. However, The Government has embarked on construction of district hospitals, upgrading and renovating health centres into first level hospitals in Lusaka and building health posts in the rural areas.

The government should make electricity available in the health posts and prospective and non-prospective EmONC facilities that provide delivery services; strengthen back up power supplies at all current EmONC sites and hospitals; and expand access to adequate sources of water for all health facilities (MCDMCH, 2015). Emergency equipment should be purchased for all the district hospitals to enable them to provide appropriate neonatal care in order to improve equity of access and quality care.

Most of the health facilities do not provide the optimal maternal, newborn, or child health services required and that the personnel have not received the needed training to provide these services. Consequently the health workers' knowledge and skills to effectively diagnose and manage common childhood illnesses are low (MCDMCH, 2015).Increasing in-service training programs should improve the quality of neonatal care services throughout Zambia (MCDMCH, 2015). The government needs to address gaps in adequate staff coverage, especially at lower levels of the health system. While there are some deficits in training, there are major deficiencies in supervision, especially the frequency of higher quality technical supportive supervision. Ministry should invest in clinical mentoring as a means of providing high quality supportive supervision with the potential to result in long-term improvements in knowledge and behaviours of health care workers. In addition, infection prevention knowledge and practices require attention to prevent neonatal infection (MCDMCH, 2015).

There is a need to determine why there are stock outs in essential medications and supplies at the health facilities and put in place appropriate interventions to address any barriers. The drug supply for both candidate and current EmONC facilities needs to be strengthened, especially for essential drugs and important 2nd line agents for potentially life-threatening illnesses like pregnancy Complications, puerperal and neonatal sepsis. Blood transfusion capacity needs to be improved across all types of health facilities that provide transfusions (MCDMCH, 2015)

There is a need to strengthen EmONC capacity and postnatal care in all health facilities that conduct deliveries, especially those that are designated EmONC health centres. Similarly, relevant health staff members need to be instructed in the use of partographs to monitor labour and implement quality improvement interventions in the appropriate use of partographs to prevent neonatal asphyxia (MCDMCH, 2015)

CONCLUSION

Zambia, like any other developing country, faces enormous challenges even in centre where facilities are available for neonatal care. Newborn care is immense important for the proper development and health life of a baby though the quality of care is rather basic as the government has inadequate resources to fully fund the public institutions.

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