

BEHAVIOR PROFILE: NURTURING CARE

HEALTH GOAL

Improve maternal and child health

BEHAVIOR

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BEHAVIOR ANALYSIS

STRATEGY

BEHAVIOR AND STEPS

FACTORS

SUPPORTING ACTORS AND ACTIONS

POSSIBLE PROGRAM STRATEGIES

What steps are needed to practice this behavior?

What factors may prevent or support practice of this behavior?

Who must support the practice of this behavior, and what actions must they take?

What strategies will best focus our efforts based on this analysis?

Behavior

Provider delivers nurturing, respectful care throughout the continuum of antenatal care, delivery, and post-natal care

Steps

1. Providers share all medical information with clients
2. Providers offer clients opportunities to ask questions
3. Providers treat clients and families with dignity and respect
4. Providers establish a healing environment in facilities, including prioritizing sleep for newborn and mother, minimizing stress and pain of newborn and mother, and engaging the parents in feeding, bathing, practicing KMC, and nesting the newborn
5. Families actively participate in newborn care while in facility to support a healing environment including prioritizing sleep, minimizing stress and pain of newborn, feeding (breastfeeding or cup-feeding), bathing, practicing Kangaroo Mother Care (KMC), and nesting the newborns

STRUCTURAL

Accessibility: A discharged mother might live far from the facility where her baby remains an in-patient, making regular engagement very difficult

Service Provider Competencies: Lack of clear policies and guidelines on these aspects of care, and policies that exist are still in development or not widely shared

Service Provider Competencies: Provider Capacity and Commitment: Lack of training on newborn neurodevelopmental concerns: providers are well-trained on pathology and physiology, but not on psychological aspects

Service Provider Competencies: Provider Capacity and Commitment: Providers feel engaging parents in care is a risk to efficient or effective care, rather than a benefit in them

Service Provider Competencies: Provider Capacity and Commitment: Lack of understanding of the importance of creating a quiet, low-light, or other soothing environment

Service Provider Competencies: Provider Capacity and Commitment: Capacity of parents to engage in care varies widely, making systematic engagement timely and complicated

Service Experience: Existing policies and guidelines often limit parental involvement in delivery and inpatient special newborn care

Service Experience: Parental role in newborn care, even including consent for care, is not discussed during ANC, making engagement at birth complicated

Service Experience: Clients often have limited medical literacy and do not feel equipped to request anything different from the status quo; often, they are also

INSTITUTIONAL

Policymakers: Adopt, clarify, and enforce policies on family-centered, developmentally appropriate care

Facility Managers: Identify opportunities to create a more healing environment within facilities

Peer Providers: Encourage and support colleagues in adoption of new practices

HOUSEHOLD

Family Members: Engage more meaningfully in preparations for newborn

Family Members: Address traditional gender roles to permit both mothers and fathers to participate in caregiving

Strategy requires Communication Support

ENABLING ENVIRONMENT

Institutional Capacity Building: Create dedicated newborn care rooms with appropriate lighting and quiet

Institutional Capacity Building: Ensure locations for clinical care in facilities include space and facilities for families to participate

Institutional Capacity Building: Create and disseminate clear policies on required aspects of family-centered developmental care, emphasizing mother-baby dyad care, family engagement in care, consent, and specific components of a healing environment, including clustering clinical care, minimizing painful procedures, providing pain mitigation when necessary, creating a supportive micro-environment (nesting), and maintaining skin integrity

SYSTEMS, PRODUCTS AND SERVICES

Quality Improvement: Incorporate training on newborn neurodevelopment in all provider training

Quality Improvement: Create exchange programs with providers from facilities with improved nurturing care practices

DEMAND AND USE

Communication: Orient and educate parents about nurturing care in the facility and after discharge

Communication: Facilitate discussion on newborn neurodevelopment with families during ANC

Communication: Empower families to more actively participate in newborn care, including asking questions of providers

disempowered or not informed about the important role a healing environment can play in their child's life

Service Experience: Facilities do not have physical space and accommodations (e.g., comfortable chairs, hand cleansing and toilet facilities, breast pumps) that allow parents to be physically present with the newborn

SOCIAL

Family and Community Support: Families do not feel empowered to participate in care while in a facility

INTERNAL

Attitudes and Beliefs: Providers feel nurturing care behaviors at times challenge their authority or compete rather than complement other care actions in terms of time or resources

Attitudes and Beliefs: Nurturing care behaviors are new, and more established providers do not see benefit