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BEHAVIOR PROFILE: NEWBORN-RELATED HAND HYGIENE

HEALTH GOAL

Improve maternal and child survival

BEHAVIOR

Percentage of providers, caregivers and others in contact with a newborn who adhere to appropriate hand hygiene

BEHAVIOR ANALYSIS

BEHAVIOR AND STEPS

What steps are needed to practice this behavior?

Behavior

Skilled health professional and mother, father, and other family members practice hand cleansing at critical times during labor, childbirth, and post-natal period

Steps

1. Create hand cleansing station at delivery and recovery site
2. Provide soap, water, and clean towel for drying OR hand sanitizer
3. Provider and family members cleanse hands at all contact with mother during pre-delivery, delivery, and post-natal period
4. Providers follow proper glove-use protocol

FACTORS

What factors may prevent or support practice of this behavior?

STRUCTURAL

Accessibility: Facility: Hand cleansing stations do not always exist near each mother or newborn or at convenient locations within a facility

Accessibility: Facility: Cleansing stations are not always equipped with soap and water or hand sanitizer

Accessibility: Facility: Lack of clean or disposable towels to dry hands means providers who do wash have to wait for hands to dry before attending to mother or baby

Accessibility: Facility: There is an insufficient supply of new gloves

Accessibility: Household: For babies born at home (or once a mother-baby dyad returns home from delivery) many homes lack hand cleansing stations near the newborn's place, even if they have them near the toilet

Accessibility: Household: Some households lack easy supply of clean water

Accessibility: Household: Caregivers lack time to wash hands every time they touch the baby, especially after the first 48 hours when they return to busy life (e.g., multiple children, household chores)

Service Provider Competencies: Facility: Facility cleaning protocols do not include the cleaning of cleansing stations, meaning these stations themselves become contaminated

Service Provider Competencies: Provider Capacity and Commitment: Providers are motivated by appearing professional and competent and minimizing personal risk; hand cleansing is not always seen as contributing to those goals

SUPPORTING ACTORS AND ACTIONS

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

INSTITUTIONAL

Policymakers: Ensure water, sanitation, and hygiene (WASH) supplies are considered part of essential equipment for facilities

Managers: Ensure equipped hand cleansing stations exist in all delivery sites, and ensure hand hygiene is a priority within facility

Logistic Personnel or Pharmacist : Ensure supplies for hand cleansing station are on site at all times (soap, water, and towels, or water-free cleanser)

Facility Cleaners & Maintenance Workers : Ensure cleaning protocol includes the cleaning of hand cleansing stations

HOUSEHOLD

Family Members: Encourage hand cleansing for all moments of contact with a new baby by everyone

Male Partners: Facilitate setting up and maintaining a hand cleansing station near where the mother and baby will be during and after delivery

STRATEGY

POSSIBLE PROGRAM STRATEGIES

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

Strategy requires Communication Support

ENABLING ENVIRONMENT

Institutional Capacity Building: Conduct routine audits of hand hygiene practices in facilities, and make public the data to motivate improvement and compliance

Institutional Capacity Building: Ensure policy guidance stressing the importance of WASH actions within clinical care

Institutional Capacity Building: Create and equip hand cleansing stations in close proximity to delivery site and recovery site in clinics and homes. Include soap, water, and towels, and consider incorporating foot pedals or elbow taps to improve hygiene of station. Review Clean Clinic Approach to leverage best practices

Institutional Capacity Building: Designate maintaining the hand cleansing station (including all supplies) as someone's job within a facility

Institutional Capacity Building: Incorporate monitoring of provider hand cleansing and cleansing station as part of clinical quality improvement activities

SYSTEMS, PRODUCTS AND SERVICES

Supply Chain: Consider distribution of soap and hand sanitizer to clinics as part of essential supplies

Supply Chain: Consider distribution of latex-compatible lotion to clinics

Quality Improvement: Expand provider training to better link health outcomes to hand cleansing for all patients at all times, but especially for vulnerable periods like delivery and post-natal

Quality Improvement: Include soap in delivery packs women receive

Quality Improvement: Create support mechanisms for provider peer groups to discuss new protocols and practices and to hold each other accountable

Quality Improvement: Create community dialogue on addressing issues of water scarcity

DEMAND AND USE

Service Provider Competencies: Provider Capacity and Commitment: Clinicians have the worst compliance with hand cleansing and model poor behavior for other staff and for family members

Service Provider Competencies: Provider Capacity and Commitment: Constant handwashing leaves providers' hands dry and chapped

Service Provider Competencies: Provider Capacity and Commitment: Providers believe in importance of cleansing or disinfecting hands after delivery when they are visibly dirty, but not always prior to each contact

Service Provider Competencies: Provider Capacity and Commitment: Providers do not recognize hand cleansing as part of their clinical duties; they do not perceive a risk to themselves by not cleansing hands and are therefore sometimes less motivated to practice it

Service Provider Competencies: Provider Capacity and Commitment: Providers who have access to gloves do not see the importance of hand cleansing as well as they see the use of gloves as protective to themselves

SOCIAL

Family and Community Support: Social Support and Internal Motivation: Families and mothers do not feel empowered to ask clinician to cleanse hands

Family and Community Support: Social Support and Internal Motivation: Constant handwashing leaves hands dry and chapped

Norms: Social Support and Internal Motivation: In some cultures, it is inappropriate for a new mother to request an elder or a man to clean hands before holding the baby

INTERNAL

Knowledge: Social Support and Internal Motivation: Importance of cleansing hands before attending to a newborn, including cleaning the cord, is not well-understood: newborns are seen as vulnerable to respiratory illnesses, but connection to hand cleansing is not clear for many

Advocacy: Consider a harm-reduction approach to identify most critical moments for cleansing hands (e.g., during all vaginal exams, all contact with baby in first 48 hours, and always before feeding,)

Advocacy: Empower families to request hand cleansing from providers

Communication: Integrate promotion of hand cleansing on baby products such as diapers to improve association of clean hands and newborn health for wealth quintiles accessing such products

Communication: Offer new mothers signs from the health center to hang near newborn's place asking any caregiver to wash hands prior to contact (to avoid her having to break cultural tradition)

Communication: Recognize high-performing providers (across all priority behaviors or care provision) through local and subnational media

Communication: Better link hand cleansing to performance for providers

Communication: In cultures where seclusion for mother and newborn after birth is customary, use their presumed vulnerability as an entry point for encouraging hand hygiene at household level