



PROGRESS IN MATERNAL AND NEWBORN HEALTH CARE: 2016 -2019

GOMBE STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY

Three non-governmental organisations (NGOs) worked under the leadership of the Gombe State Primary Health Care Development Agency (the Agency), supporting its work to improve maternal and newborn health care in 57 implementation wards and facilities. These NGOs are Society for Family Health, Pact Nigeria, and Evidence for Action. IDEAS measured change between 2016 and 2019 and this report describes some of the progress made.



FOREWORD



Dr Abdulrahman Shuaibu, Executive Secretary Gombe State Primary Health Care Development Agency

Saving the lives of mothers and newborns is a priority for Gombe State, just as it is for the whole of Nigeria. The Gombe State Primary Health Care Development Agency is committed to providing quality, effective, comprehensive, affordable and accessible health services that promote the wellbeing of all the people of Gombe State. We do this through implementation of policies and programmes for Primary Health Care Services and in partnership with other stakeholders.

The Gombe State Maternal and Newborn Health project reflects this commitment.

We have been working together with partners to strengthen Primary Health Centres and support community structures so that the mothers and babies of Gombe State receive the highest quality health care. As we see in this leaflet, a lot of progress has been made and important lessons learned. But there is always more that can be done. The Agency is committed to the call to action to continue working together with communities to end all preventable maternal and newborn deaths in Gombe State.

Acknowledgements

We would like to thank the many people in Gombe State who gave generously of their time and made important contributions to this work. We also gratefully acknowledge our measurement partners "Data Research and Mapping Consult Ltd". <https://www.drmltd.org>

KEY MESSAGES

Compared with 2016 in 2019 we found

Staff and equipment

- The number of facilities with a **qualified midwife available day and night** throughout the week increased.
- The number of **facilities** that had the **recommended drugs and equipment** needed to provide good care increased.

Contact with health providers

- Twice as many pregnant women had **contact with a Village Health Worker**.
- More women attended at least **four antenatal care** (ANC) checks and gave **birth at a facility**, but there was no change in health checks for the newborn after birth.

Quality of health care

- Chlorhexidine was applied to the umbilical stump as part of **clean cord care** more frequently.
- A **sick newborn** taken to a facility was more likely to be **treated with antibiotics**.

Knowledge and behaviour in communities

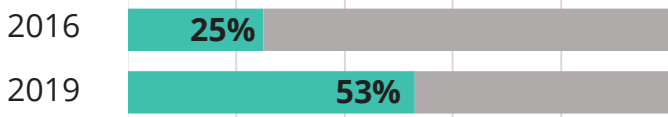
- More newborns received recommended thermal care through **skin-to-skin** contact and **delayed bathing**.
- New **mothers' knowledge of danger signs** during pregnancy improved, but knowledge of danger signs in the newborn remained very low.

Some of these changes were also seen outside the 57 intervention wards. Important progress has been made, but there is still more work to be done to strengthen health services for mothers and newborns.



STAFF AND EQUIPMENT

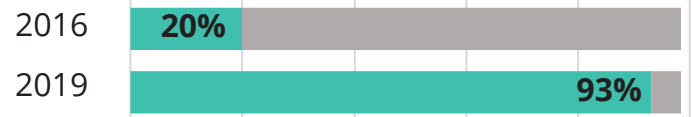
Availability of qualified midwife day and night



Facilities need a qualified midwife day and night to provide care to pregnant women and sick newborns.

Whilst there has been a big improvement in the availability of qualified midwives, in 2019 just half of facilities had a midwife available all the time.

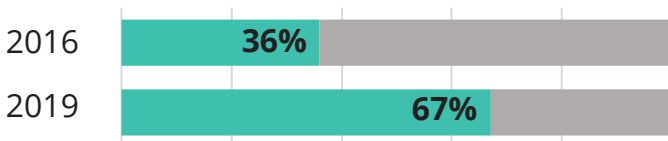
Availability of Magnesium Sulphate to treat pregnant women with high blood pressure



High blood pressure is an important danger sign in pregnancy. Very high blood pressure needs urgent treatment using Magnesium Sulphate.

By 2019, Magnesium Sulphate was available in almost every facility.

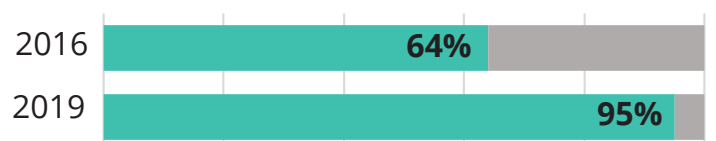
Availability of antibiotics to treat sick newborns with fever



All facilities should have essential medicines available, including antibiotics, to treat sick newborns.

By 2019, the number of facilities with antibiotics available to treat sick newborns doubled, but antibiotics were still not available in 33% of facilities.

Availability of newborn bag and mask to treat newborns with breathing difficulties

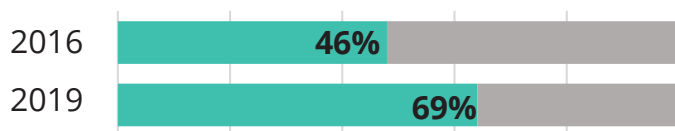


When a newborn has difficulty breathing, they may require resuscitation using a newborn-size bag and mask.

By 2019, almost all facilities had a bag and mask available.

CONTACT WITH HEALTH PROVIDERS

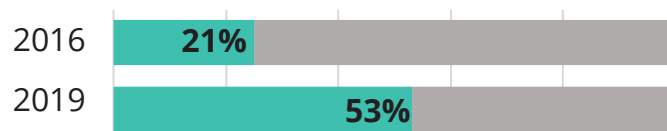
Women who attend ANC at least four times during their last pregnancy



Health workers advise pregnant women to attend ANC at least four times to check how pregnancy is progressing and to advise on care if needed.

By 2019, just 59% of women had four or more ANC visits.

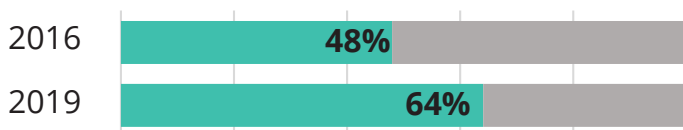
Women with contact with a Village Health Worker during their last pregnancy



Village Health Workers offer advice about pregnancy, delivery and newborns, and they help women reach health services for the care they need.

By 2019, while many more women had contact with a Village Health Worker during pregnancy, almost half still had no contact.

Women who delivered in a health facility



Women are advised to deliver in facilities because health care providers can prevent some complications and get extra help if needed.

Whilst there was an improvement by 2019 almost 40% of women still delivered at home.

Newborns with a health check in the first 2 days of life



Newborns should have a health check in the first two days of life to check for danger signs and advise on care or refer to a facility if needed.

Newborn health checks remained very low throughout.

QUALITY OF HEALTH CARE

Women with blood pressure check during their last pregnancy



High blood pressure is a danger sign in pregnancy. During ANC, the health care provider should measure a pregnant woman's blood pressure and refer for treatment if required.

Throughout, a high number of women had their blood pressure checked.

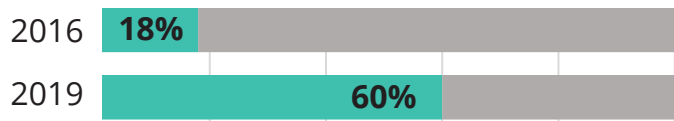
Women who delivered in a facility, who received drugs to prevent heavy bleeding



Some women bleed heavily around the time of birth and, if untreated, there is a risk they may die. All women should be given drugs after childbirth to prevent heavy bleeding.

Throughout nearly all women received drugs to prevent heavy bleeding.

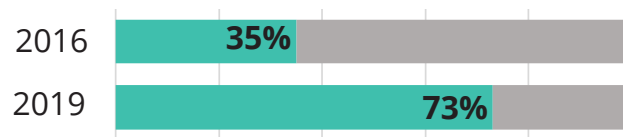
Newborns with clean cord care



Health workers recommend that Chlorhexidine is applied to the umbilical stump of all newborns in the first 24 hours of life.

This improved, however, in 2019 40% of newborns still did not get the recommended clean cord care.

Quality of care for sick newborns

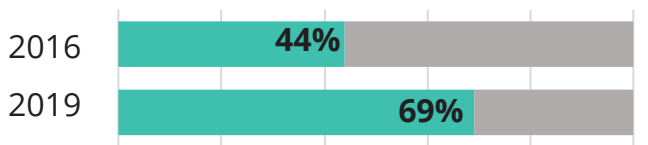


Newborns with sepsis should receive antibiotics to treat the infection.

By 2019, many more sick newborns were treated with antibiotics, however over a quarter still did not get the drugs they needed.

KNOWLEDGE & BEHAVIOUR IN COMMUNITIES

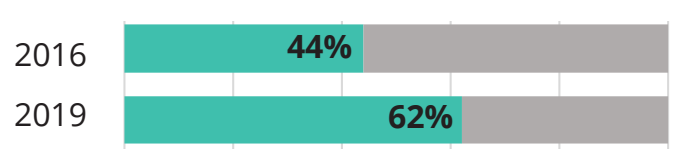
Newborns who received skin-to-skin contact immediately after birth



Newborns get cold easily and this can make them sick. To keep newborns warm health workers recommend immediate skin-to-skin contact after birth.

This increased, but in 2019 just over 30% of newborns still did not have immediate skin-to-skin contact.

Newborns with delayed bathing in the first 24 hours of life



Newborns get cold easily and this can make them sick. To keep newborns warm health workers recommend delaying bathing for the first 24 hours of life.

This increased, but in 2019 almost 40% of newborns were still bathed within the first 24 hours of life.

Women with knowledge of at least two danger signs relating to the pregnancy



Pregnant women and their families are taught about danger signs during pregnancy, delivery and after delivery.

By 2019, the majority of new mothers could name at least two pregnancy danger signs.

Women with knowledge of at least two danger signs relating to the newborn



Pregnant women and their families are taught about danger signs during pregnancy, delivery and after delivery.

By 2019, 75% of new mothers still could not name two newborn danger signs.