

Authors

Michelle Kao Nakphong
University of California, Los Angeles

Emma Sacks
Emma Sacks

May Sudhinaraset
University of California, Los Angeles

Staff

James Opot
Associate Research Manager

medRxiv preprint doi: <https://doi.org/10.1101/2020.10.19.20213074>; this version posted October 21, 2020. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY 4.0 International license.

Separating Newborns from Mothers and Maternal Consent for Newborn Care and the Association with Health Care Satisfaction, Use and Breastfeeding: Findings from a longitudinal survey in Kenya

Michelle K. Nakphong^{1*}, Emma Sacks², James Opot³, May Sudhinaraset²

¹ Department of Community Health Sciences, University of California, Los Angeles, CA, USA

² Department of International Health, Johns Hopkins School of Public Health, Baltimore, MD, USA

³ Innovations for Poverty Action, Nairobi, Kenya

*Corresponding author: Department of Community Health Sciences, University of California, Los Angeles; 650 Charles E. Young Drive South, 36-071 CHS, Box 951772 Los Angeles, CA 90095-1772. Email: hmkao@ucla.edu.

Word count: 3990

Separating Newborns from Mothers and Maternal Consent for Newborn Care and the Association with Health Care Satisfaction, Use and Breastfeeding:

Findings from a longitudinal survey in Kenya

Objectives: Disrespectful and poor treatment of newborns such as unnecessary separation from parents or failure to obtain parental consent for medical procedures occurs at health facilities across contexts, but little research has investigated the prevalence, risk factors, or associated outcomes. This study aimed to examine these practices and associations with health care satisfaction, use, and breastfeeding.

Design: Prospective cohort study

Setting: Health facilities in Nairobi and Kiambu counties in Kenya

Participants: Data were collected from women who delivered in health facilities between September 2019 and January 2020. The sample included 1,014 women surveyed at baseline and at least one follow-up at 2-4 or 10 weeks postpartum.

Primary and secondary outcome measures: 1) Outcomes related to satisfaction with care and care utilization, 2) Continuation of post-discharge newborn care practices such as breastfeeding.

Results: 17.6% of women reported being separated from their newborns at the facility after delivery, of whom 71.9% were separated over 10 minutes. 44.9% felt separation was unnecessary and 8.4% reported not knowing the reason for separation. 59.9% reported consent was not obtained for procedures on their newborn. Women separated from their newborn (>10 minutes) were 44% less likely to be exclusively breastfeeding at 2-4 weeks (aOR=0.56, 95%CI: 0.40, 0.76). Obtaining consent for newborn procedures corresponded with 2.7 times greater likelihood of satisfaction with care (aOR=2.71, 95%CI: 1.67, 4.41), 27% greater likelihood of postpartum visit attendance for self or newborn (aOR=1.27, 95%CI: 1.05, 4.41), and 33% greater likelihood of exclusive breastfeeding at 10 weeks (aOR=1.33, 95%CI: 1.10, 1.62).

Conclusions: Newborns, mothers, and families have a right to high quality, respectful care, including the ability to stay together, be informed and have proper consent for care. The implications of these practices on health outcomes a month or more after discharge illustrate the importance of a positive experience of postnatal care.

October 21, 2020