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**BMJ Open Association between newborn separation, maternal consent and health outcomes: findings from a longitudinal survey in Kenya**

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**ABSTRACT**  
**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 examined these experiences and associations with healthcare satisfaction, use and breast feeding.

**Design:** Prospective cohort study.  
**Setting:** 2 public hospitals, 2 private hospitals, and 1 health centre/dispensary in Nairobi and Kisumu counties in Kenya.  
**Participants:** Data were collected from women who delivered in health facilities between September 2019 and January 2020. The sample included 1014 women surveyed at baseline and at least one follow-up at 2–4 or 10 weeks post partum.

**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 breast feeding.

**Results:** 17.4% of women reported newborn separation at the facility, of whom 71.9% were separated over 10 min, 44.9% left separation was unnecessary and 6.4% 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 min) were 44% less likely to be exclusively breast feeding at 2–4 weeks (adjusted OR (aOR)=0.56, 95% CI: 0.40 to 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 to 4.41), 27% greater likelihood of postpartum visit attendance for self or newborn (aOR=1.27, 95% CI: 1.05 to 1.47), and 23% greater likelihood of exclusive breast feeding at 10 weeks (aOR=1.23, 95% CI: 1.10 to 1.42).

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

**INTRODUCTION**

The first months of life constitutes the most vulnerable time for a child's survival. Globally,

**Strengths and limitations of this study**

- This is one of the first studies to include survey questions surrounding details of separation of newborns from mothers and maternal consent for care, including risk factors and reasons for separation.
- This study used longitudinal data collected over 10 weeks following delivery to assess associations with outcomes, including postpartum visit attendance and breast feeding.
- Differences in participants who responded to the follow-up interviews 2–4 weeks and 10 weeks may have introduced bias due to differences in comparison; thus comparisons of associations with outcomes between these two points should be interpreted conservatively.
- Findings may have limited generalisability to other contexts, as the study sample included women who gave birth at facilities in Nairobi and Kisumu counties.

2.4 million children die within the first 28 days of life at a rate of 18 deaths per 1000 live births.<sup>1</sup> Kenya has made notable progress in reducing neonatal mortality in recent years, but with its current neonatal mortality ratio of 19.6 deaths per 1000 live births, Kenya is unlikely to reach the 2030 Sustainable Development Goal target of 12 deaths per 1000 live births.<sup>2</sup> Yet, substantial progress can still be made: over 80% of newborn deaths are considered preventable, highlighting the critical need to improve the quality of maternal and newborn care.<sup>3</sup>

Efforts to enhance the quality of maternity care have drawn attention to women's experience of care, including respect and dignity. The WHO Vision on Quality of Care for maternal and newborn health outlines two essential, interlinked dimensions of quality of care: provision of care and experience of care.<sup>4</sup> Integrally, quality care, in addition to being safe, effective, timely and efficient, must also be equitable and people-centred. Experience

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AUTHOR PROOF

# Association between newborn separation, maternal consent and health outcomes: 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 examined these experiences and associations with healthcare 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.

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