

ABSTRACTS FROM CURRENT LITERATURE

Mother-Newborn Care Unit (MNCU) Experience in India: A Paradigm Shift in Care of Small and Sick Newborns

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While a Cochrane review (2016) showed that kangaroo mother care (KMC) initiated after clinical stabilization reduces mortality by 40%, evidence of the effect of initiating KMC immediately after birth without waiting for babies to become stable was unavailable until recently. This research gap was addressed by a multicountry, randomized, controlled trial co-ordinated by WHO. This trial was conducted in five hospitals in Ghana, India, Malawi, Nigeria, and Tanzania. Implementation of this trial led to development of the “mother-newborn care unit (MNCU).” Mother-newborn care unit or mother-newborn intensive care unit (M-NICU) is a facility where sick and small newborns are cared with their mothers 24 × 7 with all facilities of level II newborn care and provision for postnatal care to mothers. The mother is not a mere visitor, but she has her bed inside the special newborn care unit (SNCU)/ newborn intensive care unit (NICU) and as a resident of MNCU, becomes an active caregiver and is involved in continuum of neonatal care. The study results show that intervention babies in MNCU had 25% less mortality at 28 d of life, 35% less incidence of hypothermia, and 18% less suspected sepsis as compared to control babies cared in conventional NICU. World Health Organization is in the process of reviewing the current recommendations on care of preterm or LBW newborns considering new

evidence that has become available. However, it would require national policy change to permit mother and surrogate in SNCU/NICU 24 × 7, making the concept of zero-separation a reality.

Mother-newborn couplet care: Nordic country experiences of organization, models and practice

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Mother-Newborn Couplet Care is a concept and is defined as the provision of care for a sick or preterm newborn in close proximity to and coupled with the care for the mother from the birth of the infant and for as long as the mother needs hospital care. This concept of care requires system change in both obstetrics and pediatrics in terms of the planning and organization of care, equipment and design of units. Accordingly, strong leadership setting clear goals and emphasizing a culture of cohesive care, supported by targeted education and training is crucial to ensure high-quality care of all mother-newborn dyads without separation. We describe various organizational models of Mother-Newborn Couplet Care used in Sweden and Finland and implementation processes. We envision a future where newborns and mothers are always together, irrespective of medical needs, and form an inseparable center around which healthcare services and providers are organized.