

# Promoting early childhood development in health facility maternity wards



## Background

Historically, PATH has promoted building service provider capacity to provide developmental monitoring and counseling at all primary health care touchpoints. However, results from multiple assessments suggested that the frequency and quality of the counseling was not optimal. As a result, PATH undertook multiple rounds of human-centered design (HCD) in Kenya and Mozambique to better understand barriers and facilitators to providing such early childhood development (ECD) services, as well as identify touchpoints and develop materials that maximize exposure to key ECD messages.



*A mother accompanied by her sister and cousin, in the maternity ward of Monapo Rio Health Center in Nampula Province, Mozambique. Photo: PATH.*

One touchpoint that emerged as a candidate for focused ECD services was the maternity ward. This is because the birth of a child—especially the first birth—is a moment when both mother and father may be more open to learning. Furthermore, 89 percent of women in Kenya and 65 percent of women in Mozambique give birth in a health facility.<sup>1,2</sup> These women spend at least 24 hours in the maternity ward which offers a significant opportunity not only for provision of medical care but also for counseling on relevant topics such as ECD.

While collecting initial data for the HCD exercise, we learned the following:

- Nurses in maternity wards already help mothers learn and practice good positioning and attachment for breastfeeding and counsel them on how to take care of newborns at home.
- Companions (mothers, mothers-in-law, sisters, and aunts) are usually present in the maternity ward when a woman is giving birth and provide a range of emotional and practical support thereafter.
- Health service providers felt that promotion of age-appropriate ECD practices, such as talking to the newborn and baby massage, could easily be integrated into existing counseling on breastfeeding and newborn care. They also felt that companions could be engaged to support the new mothers in carrying out these practices at home after discharge.

<sup>1</sup> Kenya DHS 2022.

<sup>2</sup> Mozambique DHS 2022–23.

## The solution: Strengthening counseling on child development in maternity wards

After analyzing the collected data, nurses and their supervisors co-created a solution that aimed to strengthen counseling on ECD in maternity wards. The solution was designed in a simple step-by-step manner, where each step was aligned with the normal sequence of activities in a woman's typical stay in a maternity ward—and the service provider's interaction with her—just after giving birth and until discharge.

**STEP 1: The nurse starts to promote ECD in the delivery room.** As she initiates skin-to-skin contact between the mother and her newborn baby, the nurse reminds the mother that the baby can already hear and see and asks the mother and her companion to greet the newborn.



**STEP 2: A few hours after birth,** as the nurse checks on the newborn's positioning and attachment to the breast while breastfeeding, she also checks if the mother is talking to the baby and emphasizes the importance of this practice.

**STEP 3: Just before discharge,** the nurse invites the mother's companion(s) and her male partner (if present) to receive counseling. The nurse emphasizes the importance of talking to the baby while breastfeeding and encourages both the mother and father to hold their newborn child and talk, cuddle, and show love to her/him. Finally, she demonstrates and helps parents to practice how to gently massage the baby, while explaining its benefits and encouraging them to talk to the baby while massaging her/him.

Visual job aids are used at each step to illustrate key practices. These job aids draw on existing materials (previously developed jointly by PATH and the government), which were subsequently revised through HCD to enhance user-friendliness. As a case in point, the steps of massaging an infant were re-ordered to correspond to a typical sequence of steps when a nurse examines a newborn. This made it easier for the nurses to remember the steps and demonstrate them to mothers in the maternity ward.

## Results

Following co-creation, PATH worked with the government to train service providers to implement the solution in maternity wards in four high-volume health facilities in both Monapo District (Nampula Province), Mozambique, and Siaya County, Kenya. Implementation took place over a period of three months.

As part of the assessment, caregivers were interviewed before and after the implementation of the co-created solution to probe their experiences in receiving ECD counseling as part of routine maternity care. In Kenya, the number of caregivers interviewed were 17 and 27 before and after implementation. In Mozambique, the corresponding numbers were 20 and 12. Caregivers were selected through convenience sampling, where all the caregivers present on a given day in a maternity ward were invited to be interviewed.

As the figures below show, before implementation about a third of mothers and their companions in both Mozambique and Kenya reported being counseled by the nurse on talking to their newborn babies. Additionally, prior to implementing the solution, 41 percent of caregivers in Mozambique and only 5 percent of caregivers in Kenya were counseled on baby massage. However, after implementation, there was a dramatic increase in ECD counseling in both countries. For example, 85 percent of caregivers in Mozambique and 75 percent in Kenya reported being counseled by nurses on how to talk to newborn babies. Similarly, almost all caregivers interviewed in Mozambique and 58 percent in Kenya reported being counseled on baby massage after implementation.

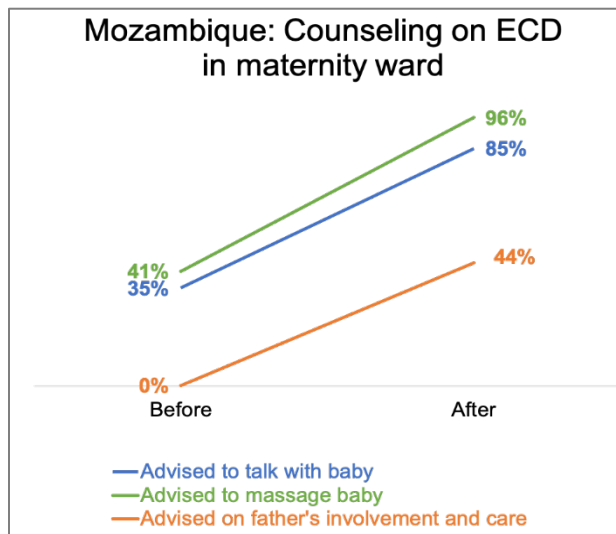


Figure 1. Counseling on ECD in maternity wards in Mozambique, before and after the intervention.

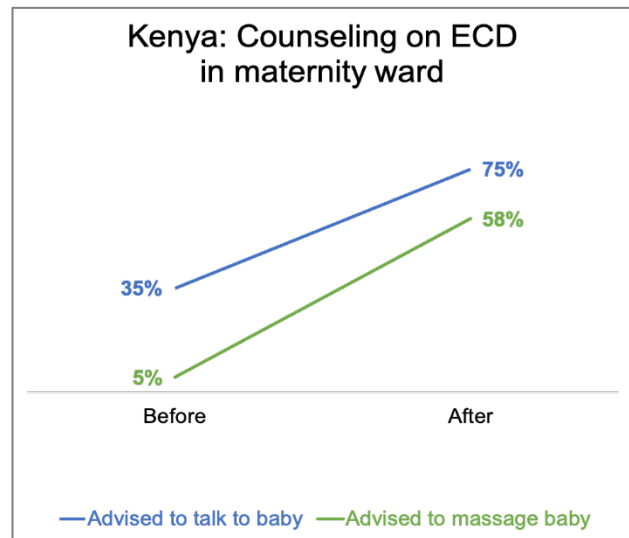


Figure 2. Counseling on ECD in maternity wards in Kenya, before and after the intervention.

The new solution was also associated with an increase in both counseling on male involvement in maternity wards and perceived involvement of fathers in taking care of their newborn children. Prior to implementing the solution, no mother in Mozambique mentioned receiving counseling on involvement of



Male partner engagement in the maternity ward in Itoculo Health Center, Monapo, Nampula Province, Mozambique. Photo: PATH.

fathers in taking care of children. After implementation, 44 percent of mothers interviewed in Mozambique mentioned receiving such counseling from nurses. In Kenya, only half of the mothers interviewed knew that their male partners were allowed in the maternity ward and had their partners present with them. After the intervention, all the mothers interviewed knew that fathers could be present in the maternity ward; and three-quarters of the women interviewed had their male partners present with them.

In Mozambique, caregiver demonstrations suggested that implementation of the solution was associated with **conversations with newborns becoming more elaborate**. For example, before implementation, most caregivers just called for their child or talked to them about the “here and now” (e.g., saying “don’t cry” or “you are

beautiful”). In contrast, after implementation, over half of the mothers who were observed talked to their newborns about who is waiting for them at home, what they would do once they got home, or what their dreams are for their children.

*“I am your grandmother, soon we will go home, so that you can get to know your father, who is waiting for you.” (Grandmother speaking to her grandchild in the maternity ward of Monapo Rio Health Center, Mozambique)*

Before implementation of the solution, no caregiver in Mozambique was able to mention why talking to newborns is important for their development. Talking was largely expected to help the child to get used to the presence of their family members and to check if the child can hear and is healthy. After implementation of the solution, **over 70 percent of caregivers interviewed in Mozambique mentioned that talking to newborns stimulated their language skills and overall intelligence.** Similar improvements in caregiver understanding of the science behind talking to newborns were also observed in Kenya—albeit not as significant as in Mozambique.



*A nurse demonstrating baby massage in the maternity ward in Carapira Health Center. Monapo District, Nampula Province, Mozambique. Photo: PATH.*

*“The baby is a person. The baby hears. When I talk to him, he learns to speak.” (Mother in the maternity ward of Monapo Rio Health Center, Mozambique)*

*“It is important to talk to the baby, to know if his mind is active.” (Mother in the maternity ward of Usigu Health Center, Kenya)*

Nurses in both countries described counseling on ECD as part of routine maternity services to be **acceptable and feasible to integrate into their usual routines.** In Mozambique, the results from implementation of the solution were used to advocate for inclusion of ECD counseling into the national postnatal care guidelines, thereby enhancing the likelihood of ECD counseling becoming an integral component of maternity services all over the country.

## **Next steps**

In Mozambique, PATH is supporting efforts to finalize a Ministry of Health ECD in-service training manual designed to build capacity of facility-based service providers, which includes a module on ECD counseling in maternity wards. In Kenya, PATH recommends sustained advocacy with county and national health teams to facilitate the adoption of this solution as an integral component of maternity and postnatal service delivery guidelines. Considering how the lack of financial and human resources often poses a barrier to the rollout and uptake of new interventions, PATH recommends building capacity of senior nurses as “peer trainers” to facilitate adoption of this solution by their fellow service providers through on-the-job training.