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Using a regional approach of a network of facilities to address mortality due to prematurity: Lessons from Eastern Uganda

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Complications due to prematurity and low birth weight babies are considered as the leading cause of neonatal mortality worldwide. In Uganda, prematurity contributes to a third of neonatal deaths and 40% of under-five mortality. We developed an intervention, the Preterm Birth Initiative (PTBi), to test a model for addressing preterm care at scale within the Uganda health system. Since January 2016, we implemented the PTBi in a regional network of six hospitals in Eastern Uganda, utilizing the simulation based training and mentorship in intrapartum and immediate postnatal care, use of modified WHO safe childbirth checklist, Plan, Do, Study, Act (PDSA) cycles, and data strengthening. The findings show that use of a network of hospitals at the same time has led to improved communication among facility leaders and health providers. In addition, health workers learn faster together and are able to access specialists at the regional level hospital whom they consult by phone on management of sick and high risk newborns, or give pre-referral treatment and refer. This approach has streamlined the referral of not only preterm babies but also for all other newborns and women in labor for better outcomes. Consequently, the preterm mortality reduced from 8.1 to 5.3/1000 live births in 18 months. The overall providers' knowledge scores improved from 48% to 70% in the pre and post-training tests respectively. A regional approach of network of facilities can enhance scale up of preterm care and accelerate reduction in neonatal mortality in the country and similar settings.

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