

PTBi-EA Uganda Research Brief No.2

Preterm Birth Initiative



University of California San Francisco

SURVEILLANCE AND IDENTIFYING GAPS IN CARE OF PRETERM **AND LOW BIRTH WEIGHT BABIES**



The aim of the East Africa Preterm Birth Initiative (PTBi-EA) is to reduce morbidity and mortality due to prematurity in the neonatal period (the first 28 days of life). PTBi-EA is implementing a surveillance system to provide a platform for identifying newborns born preterm (<37 completed weeks of gestation) or low birth weight (<2500g) and following these babies through the neonatal period (the first 28 days of life) to document their outcomes in six hospitals in the Busoga region of eastern Uganda.

Approach

Newborns at the facility {preterm and/or low birth weight} Consent the mother and collect information {birth weight, GA, physical address of parents, working telephone contacts, and other reachable relatives and their contacts} Documentation before discharge (morbidity, mortality, best practices such as KMC, breastfeeding}



Follow-up using telephone contacts provided {document information including mortality, best practices, care seeking}



Community follow-up through household visits for mother not reachable by telephone contacts {document mortality, morbidity, KMC, breastfeeding, care seeking}



Analysis

Results from the Surveillance

results from the surveillance		
Category	Number	%
Eligible and Consented	2781	-
Preterm (GA<37 weeks)	1489	
Low birth weight 2	514	
Low birth weight and preterm 1	222	
Died	300	10.8
Died at the facility*	250	83.3
Died in the community	50	16.7
Died 0-6 days 1	96	65.3
Died 7-27 days 7	4	24.7
Mortality rate/1000 Live births	8.4	

*Main causes of death at the facility level include birth asphyxia and sepsis.

Lessons

- 1. There is need to urgently implement interventions to reduce mortality at the health facility among these high-risk babies.
- 2. There is a need to establish follow-up care clinics for these high-risk newborns.
- 3. Data sharing among hospitals and community on how to care and manage sick newborns is paramount.
- 4. Community referral networks should be established to make tracking easier.
- 5. CHW/VHT systems should be strengthened to continue surveillance and referrals of high-risk newborns.
- 6. Greater investment is needed in the neonatal and perinatal mortality surveillance systems to better understand the causes of mortality and target areas where mortality is high.

Limitations

The currently used surveillance systems need to be strengthened to capture possible causes of deaths at community level using tools such as verbal and social autopsy.

About PTBi-EA

The East Africa Preterm Birth Initiative (PTBi-EA) is working to reduce the number of preterm births and save the lives of preterm infants and their mothers, by improving quality of care and engaging in discovery research in regions of Uganda, Kenya and Rwanda. In Uganda the study sites include the Jinja Regional Referral Hospital, Iganga Hospital, Kamuli General Hospital, Bugiri Hospital, St Francis Hospital Buluba and Kamuli Mission Hospital.

PTBi-EA is a collaboration among the University of California San Francisco's Institute for Global Health Sciences; Kenya Medical Research Institute; Makerere University School of Public Health; University of Rwanda and the Rwanda Biomedical Center.

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