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Caring for the newborn and the mother at home

in communities of the Sierra de Zongolica, Veracruz

An evaluation of the pilot program implemented by UNICEF,
World Vision and IMSS-PROSPERA
Home visits to improve maternal and child health

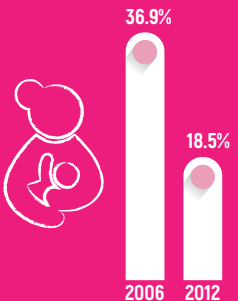
Por: Redacción *Gaceta* INSP

Collaboration: UNICEF and Universidad Iberoamericana

The Sierra de Zongolica, Veracruz, is an area of great contrasts. On one hand it contains a considerable biological diversity and natural beauty, with montane forests, coffee plantations and mountains; while on the other, it is a region with high levels of poverty, social deprivations, illiteracy and maternal and infant mortality. According to the National Council for Evaluation of Social Development Policy, in 2010, 85.9% of the population of the municipality of Zongolica was in some situation of poverty.



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The prevalence of exclusive breastfeeding in babies in rural areas has been reduced by half.

In Mexico, breastfeeding rates have decreased in recent decades. Between 2006 and 2012 the prevalence of exclusive breastfeeding in babies under 6 months, in rural areas, was reduced by half (from 36.9 to 18.5%). The National Health and Nutrition Survey 2012 considers that "the environment in which Mexican women develop and live is hostile to breastfeeding". Among these hostile factors is the lack of health services, which makes it impossible for mothers to receive adequate guidance to solve the common problems of breastfeeding, which is why the formula is used.



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Given that in contexts of poverty, marginalization, lack of health care and lack of support groups at the community level there is a greater neonatal death, as well as low rates of exclusive breastfeeding and about two thirds of child deaths could be avoided improving breastfeeding practices. Through access to specialized care from the prenatal stage to the puerperium, The United Nations Children's Fund (UNICEF) in Mexico, World Vision and IMSS-PROSPERA developed in 2017 the pilot program in the Sierra de Zongolica, *Caring for the newborn and the mother at home*, taking into consideration the recommendations of the World Health Organization (WHO) to conduct home visits to improve maternal and child health and nutrition. These visits do not substitute prenatal and postnatal care in health facilities, but complement it, in order to increase the coverage of care and increase health practices related to greater survival of the newborn.



Seven municipalities of Veracruz participated in the project, three of them as control municipalities (Tlaquilpa, Rafael Delgado, Soledad Atzompa) and in four the intervention was applied (Reyes, Zongolica, Texhuacan, Magdalena). All communities that participated in the study were part of the "PROSPERA" Social Inclusion Program. With the support of the IMSS-PROSPERA program, 35 Community Volunteers (CVs) belonging to the PROSPERA program were identified and trained by UNICEF, World Vision and IMSS-PROSPERA. This training was provided in two workshops of 5 days each and 3 reinforcement workshops and was principally based on the WHO-UNICEF training package "Caring for the newborn at home: A training course for Community Volunteers."

The program "Caring for the newborn and the mother at home", consisted of two home visits to all pregnant women in the selected communities and three home visits in the first week after delivery to all mothers and all babies, regardless of their place of birth (hospital or at home). There were also two additional home visits after delivery for underweight babies who had been referred to a Rural Medical Unit (UMR) due to illness.

During the visits, the CVs promoted the following topics: exclusive and prolonged breastfeeding, help keep the newborn warm and encourage direct body contact with the mother, hygienic care of the umbilical cord, importance of knowing how to recognize warning signs and symptoms in the mother and the newborn and advising the family on when to go to the health services, encourage spacing of pregnancies and offer advice on nutrition, preparation of delivery care plan (savings, preparation of travel bag, transport to the health center, care of other children and the home).

The activities promoted by the



Exclusive and prolonged **breastfeeding**.



Help keep the newborn warm and encourage direct **body contact with the mother**.



Hygienic care of the umbilical cord.



Importance of knowing how to **recognize warning signs and symptoms** in the mother and the newborn and advising the family on when to go to the health services.

community volunteers included:



Promote registration of births and timely vaccination in accordance with national schedules.



Identify newborns who **require complementary care** and provide them with support (e.g., low birth weight, illness, mother infected with HIV).



Encourage spacing of pregnancies and offer advice on nutrition.



Preparation of delivery care plan (savings, preparation of travel bag, transport to the health center, care of other children and the home).

The impact evaluation

After the implementation of the pilot program throughout 2017, a group of researchers from the Universidad Iberoamericana, led by Dr. Teresita González de Cosío, in collaboration with the National Institute of Public Health, conducted the impact evaluation of the project, so as to know if breastfeeding practices improved, as well as the recognition of warning signs and symptoms for the newborn and the mother during pregnancy and postpartum, knowledge about the benefits of breastfeeding, the initial newborn care and the report of diarrhea and respiratory diseases in children.

The program evaluation had a quasi-experimental intention to treat design, with intervention and control groups from municipalities close to each other. Baseline information were reported from women with babies aged between 6 and 18 months of age. The intervention was implemented on a group of pregnant women that lived in the same communities and follow-up was carried out when babies were between 6 and 18 months of age.



In the baseline phase, information was obtained from 292 women and their children in 28 control communities and 320 women in 66 intervention communities. In the follow-up phase, 292 women in 29 control communities and 294 women in 48 intervention communities were surveyed. Due to the design of the study, women at baseline were different than women at follow-up.

The results

The intervention **increased the prevalence of exclusive breastfeeding** in the first 6 months of life, from 14 to 41.6%; whereas the predominant breastfeeding increased from 23.7 to 48.8% in the intervention group and from 16.5 to 28.1% in the control group (Figure 1).

The evaluation conducted by the research group found that the intervention had a positive effect that was highly significant and extensive, in the report of exclusive and predominant breastfeeding in the first 6 months of the baby's life.

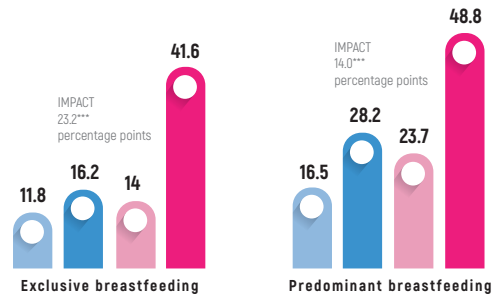
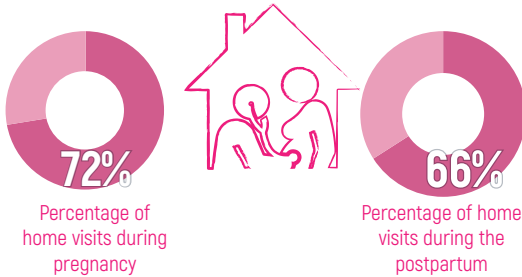


Figure 1. Effect of the intervention on exclusive and predominant breastfeeding practices in children ≤ 6 months. Report of the mothers *** value $p < 0.001$



The intervention indicates that the mothers received several visits during pregnancy and the postpartum period - the majority received between 5 and 7 visits - which make the findings of effects on the reporting of breastfeeding practices plausible. 72% of the women in the intervention group reported having received at least one home visit during pregnancy in contrast to only 28% of the control group; while in postpartum, 66% of the women in the intervention group reported at least one visit and only 18% in the control group.

Likewise, an important and statistically significant impact is reported in the results in terms of knowledge of the benefits of breastfeeding and the acknowledgment that breast milk is the best food.



Other positive impacts of the program were that the mothers reported having better knowledge of the hygienic care of the newborn.

The program had an impact of 31.5 percentage points (pp) on the ability of women to name three or more warning signs in the newborn, and increased by 29.3 pp in knowledge about three or more warning signs in the mother, compared to the control group.



The percentage of children in the intervention group who were checked after birth by a nurse increased by 19.5 pp in the intervention group vs. the control group, while the percentage of children checked by a health promoter or assistant also increased by 8.3 pp in the intervention group vs. the control group. At the time of the interview, 96% of the children in the intervention group had already been registered in the Civil Registry.

The impact estimates show that following the intervention, the prevalence of diarrhea in children in the previous two weeks was 11.4 pp ($p < 0.05$) lower in the intervention group compared to the control group. Although the children in the intervention group also had a lower prevalence of respiratory or ear disease in the previous two weeks compared to the control group (36.9 vs. 48.9%), no statistical differences were found between the groups. (Figure 2).

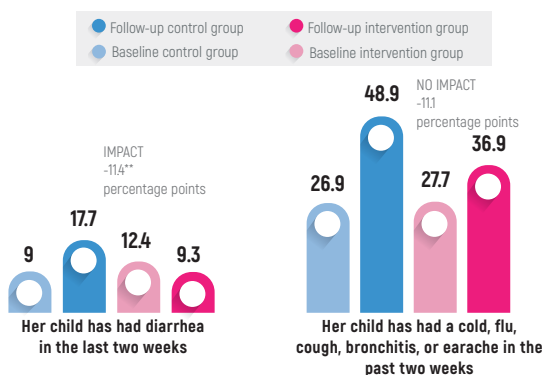


Figure 2. Effect of the intervention on diarrheal and respiratory diseases in children between 6 and 18 months ** value $p < 0.05$

Recommendations

The results of the impact evaluation suggest that home visits should continue to be implemented in the communities studied, because of its potential positive effects on the health of mothers and their children.

The Community Volunteers played a central role in the implementation of this project, so it is necessary to analyze the feasibility of granting economic support to the CVs who carry out home visits, so that they can cover their transportation and food expenses. The implementation of home visits by CVs should only be in their community of residence.

On the other hand, it is recommended to scale up the intervention in communities similar to those of this study;

communities with high and very high poverty levels that have health units that belong to the IMSS-PROSPERA (now IMSS-BIENESTAR) program, in which a similar effect would be expected in the indicators under analysis.

Finally, estimate the effectiveness and cost of implementing the intervention in impoverished communities where IMSS-BIENESTAR is absent, but whose inhabitants are less likely to receive breastfeeding counseling and timely attention to health services in the event of emergencies during pregnancy and the postpartum period.

The research group, which carried out the impact evaluation, was led by Dr. Teresita González de Cosío as Principal Researcher, and Dr. Mishel Unar, Dr. Ericka Escalante and Ms. Isabel Ferré as Associate Researchers. The project was funded by UNICEF and management by Matthias Sachse, National Health and Nutrition Officer at UNICEF Mexico. 🇲🇽



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DE CONOCIMIENTO PARA LA
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