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Effect of Health Care Workers Training on Targeted Postnatal Care Package and Nurses Mentorship on Maternal Knowledge of Neonatal Danger Signs among Mothers Attending Well Baby Clinics in Nakuru County, Kenya: Quasi Experimental Study

Elizabeth G. Kibaru[1]*, Amos M. Otara[2]
[1]Department of Paediatric and Child Heath, Faculty of Health Sciences, Egerton University, Kenya
[2]Department of Reproductive Health, Faculty of Health Sciences, Egerton University, Kenya

Abstract. *Background:* Health care workers role in imparting knowledge to mothers on obstetric care is pivotal in order to increase recognition of symptoms in neonates that indicate serious illnesses. *Objective:* To determine whether there was a change in level of knowledge on neonatal danger signs among mothers in the Nakuru County after the trainings on targeted postnatal care and the mentorship of nurses. *Study design:* Quasi experimental study. *Study method:* Hospitals providing obstetric care in Nakuru County were purposively selected. Mothers with children aged 0-9 months attending well baby clinics were sampled and interviewed at the baseline in 2014. Training and mentorship of nurses from the selected facilities on targeted postnatal care was done. On the third phase of the study a different cohort of mothers were interviewed in 2015. Structured questionnaires were used to determine mothers' knowledge on neonatal danger signs. Data was processed using the SPSS software (version 22). *Results:* 414 mothers were interviewed for phase 1 and 3 of the study. 310(73.9%), 198(46.6%), 166(40.1%), 146(35.3%) identified newborn danger signs as hotness of body, difficulty breathing, poor sucking, jaundice respectively at baseline and this improved after intervention to 331(80%), 326(78.7%), 217(52.4%) respectively. Mothers who could identify more than three neonatal danger signs improved from 63(15.2%) to 203(49%). *Conclusion:* Training and mentorship of nurses had a positive effect on maternal knowledge of postnatal neonatal danger signs.

Keywords: danger signs, newborn illness, MCH booklet

Introduction

Neonatal mortality has remained very high globally despite all the efforts that have been applied to reduce these rates (Abu-Shaheen et al., 2019). In Kenya neonatal mortality rates have not reduced much over the years despite the reduction in under years five mortality over the years. As per the Kenya demographic health survey 2009 in comparison to KDHS (2014) the under five years old mortality reduced from 74 per 100,00 live births to 52 deaths per 100,000 live births but the neonatal mortality reduction was 31 to 22 deaths per 100,000 live births (KDHS, 2009; KDHS, 2014).

Most neonatal deaths are usually reported within the first few days after delivery with three quarters of them occurring in the first week of life (WHO, 2018). A study by Irimu et al. (2021) noted that 60% of all neonatal mortalities occurred on the day of admission in the 16 county neonatal units in Kenya. Worldwide the causes of neonatal mortalities are varied with the three major causes of neonatal deaths worldwide being infections (36%, which includes sepsis/pneumonia, tetanus and diarrhoea), prematurity (28%), and birth asphyxia (23%) (WHO, 2018). This is in contrast to the findings by Irimu et al. (2021) whereby majority of the newborns who died had multiple diagnoses with 95% of the neonates having at least five diagnoses with the intrapartum complications been associated with most deaths.

*Corresponding Author