

Zero Separation workshop overview and next steps



In November 2022, in collaboration with MSF Pediatric Days and the Pediatric Working Group, the MSF Sweden Innovation Unit supported an in-person innovation workshop in Dakar, Senegal.

The aim of the workshop was to bring an MSF multidisciplinary team working in maternal and newborn care (midwives, nurses, doctors) and other key stakeholders together and take a deep dive into the issues around implementing zero separation strategies.

What is Zero Separation?

Separation and siloed care for mothers and their babies is the norm when one of them needs medicalised care. However, there is mounting evidence that shows the significant, positive effects of ensuring close contact between babies and their parents. Strategies where the mother and baby dyad are cared for together from birth to discharge from hospitalization fall under the framework of zero separation.

Introduction

Doctors, nurses, and midwives working in MSF projects understand that pregnant women and newborn infants are an extremely vulnerable population. World-wide, 287 000 women died during and following pregnancy and childbirth in 2020, ~6700 newborns die each day, accounting for 47% of all child deaths under the age of 5 years (WHO, 2022). Infant death in the first 28 days of life is strongly linked to issues with the quality of care received at birth and in the days immediately following.

MSF strives to assure quality of care for all, but still falls short of the standards set for the care of small and sick new-borns as set by the WHO. There is also a need to improve our standards for maternal care.

Today mothers and new-borns are routinely separated directly after birth. This occurs when the baby is sick and needs specialized treatment and care, but also when essential newborn care such as initiation of early breastfeeding and skin to skin contact is delayed. These delays and separations occur despite continued evidence showing the significant, positive effects of ensuring close contact between babies and their parents. Keeping mothers and new-borns together and integrating their care, even when the baby requires a neonatal admission, is a person-centred approach to care which reduces new-born deaths, maternal and newborn morbidities, uplifts women autonomy and supports maternal and newborn wellbeing.

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The aim of the workshop was to bring an MSF multidisciplinary team working in maternal and newborn care (midwives, nurses, doctors) and other key stakeholders together and take a deep dive into the issues around implementing zero separation strategies. Following human-centered design methodologies, the participants identified challenges and opportunities as well as explored potential solutions and strategies to meet the needs of mothers, babies, health care staff and communities. These solutions should be further explored in specific contexts to improve the quality of care through the implementation of zero separation strategies. These strategies should be in alignment with the key messages of the Pediatric Days session on this topic:

- Parents and/or caregivers are essential to their newborn. They should be supported to be active partners in care for their newborn, even when sick and/or preterm.
- Allowing mothers and babies to stay together right from birth with a zero-separation approach saves lives.
- Providing mothers and their babies with integrated care during their health journey (mother-newborn couplet care) improves outcomes for both and transforms maternal and newborn care.

Stakeholder interviews

Understanding Zero Separation

Prior to the Dakar in-person workshop a series of in-depth stakeholder interviews were conducted to set the foundational understanding of the design and innovation teams. Twelve interviews were conducted with MSF project and headquarters staff from different OCs and across a variety of profiles including med/ops, nursing, pediatrics, midwifery, hospital management and intensive care.

The results of the stakeholders interviewed were clear; there is a general understanding of what zero separation is. The concept is seen as positive, needed, important and urgent. However, many stated that they find it difficult to identify practical and tangible implementation strategies due to the complexity of the topic. An additional challenge is the required paradigm shift in the way MSF provides maternal and child health care.

One of the most repeated points in the interviews is that perspectives must evolve in the direction of zero separation for all those involved in providing and receiving care. Shifting away from the status quo which requires mothers and babies to be separated is seen as a fundamental priority to meet our goals of improved, patient-centered care. Of note is the observation that while Zero Separation is an overarching, long-term goal, finding ways to reduce the moments when mothers and infants are separated and integrating maternal and newborn care in any opportunity should be a key area of focus.

With this in mind, some actions (such as understanding mothers and families perspectives and needs during pregnancy, labour and postpartum period; ensuring essential newborn care at birth with skin to skin immediately after birth and breastfeeding within the first hour) should be implemented before adopting a full Zero Separation strategy.

Key Barriers identified

Awareness: There is a lack of awareness at the family, community, MoH and MSF level. The existing model of care led to the separation and siloed care for mothers and babies with the aim to assure quality care. With new and growing evidence, we see that this needs to change and these strategies need to be adapted to ones that allow the mother and baby to stay together as much as possible and that integrate maternal and newborn care. Creating this change will take time and will require a focused approach to assure that all stakeholders understand the benefits of these new strategies.

Cultural: It was highlighted that culture plays a major role in understanding and implementing zero separation strategies. Both staff and families need to understand the benefits of providing this type of care. With this understanding, staff will feel more confident in providing zero separation care. Families will be better able to take

informed decision about how to manage the family logistics of care (i.e.: allowing mother to stay with her child, encouraging/initiating BF, mother understanding why skin to skin works...).

Processes and medical management: Very often, managers of hospitals and health centres find it challenging to see the benefits of creating a mother and child space or rearranging/adapting current space to provide integrated care. This is heavily linked to the costs and disruption of standard processes it poses. Further, it is linked to both the overall health system changes and the changes required at each individual ward level required when implementing Zero Separation strategies and activities includes HR, task shifting, material and the great challenge of mind-set changes.

Training: The medical staff have not yet been extensively trained in the benefits of providing zero separation care and there is a weak link between obstetric and paediatric care. The existing care pathways make it difficult for staff from different departments to work together to provide this integrated care.

Infrastructure and resources: There are inadequate or non-existent spaces and related resources in hospitals and health care structures to assure Zero Separation related activities.



→ Over the course of two sessions, 16 people from both MSF projects and HQs came together to dive into the topic.

Workshop

The workshop took place on the 29th and 30th of November 2022. A total of 16 participants were present across the 2 days (2x 4.5 hours) and included MSF project staff coming from Niger, CAR and Burkina Faso as well as HQ stakeholders from the Dakar OCBA office.

Together with methodological support from a local design firm, YUX, the participants were led through a variety of activities to facilitate understanding of the topic and how zero separation strategies could be impactful for MSF beneficiaries, staff, and communities.

As with the initial stakeholder interviews, clear areas of focus emerged from the design activities and can be grouped into four main categories.

Interview outcomes - 4 main categories



Education package

Define educational needs based on context:

- Staff training
- Ecole Maman
- Ecole papa
- Peer-to-peer groups (mother focused)



Architecture

- How to adapt KMC ward – identify key things that should be in place to provide quality care and support the implementation of breast-feeding support, skin to skin, hygiene,
- How to bring the wards where mothers and babies are, closer together, how to make space for well mothers in the neonatology ward



Sensitization

- Engagement with key community stakeholders to discuss Zero Separation and how it intersects with community beliefs and practices
- Baby Radio (The idea was to provide information on newborn care, but this could also include maternal health messages to avoid a siloed approach)



Medical management

Adapting medical staff competencies so that they can work to support in either maternal or neonatal care. KMC nurse can support a mother, Neonatal nurse can support mother to give care to baby, encourage bonding, encourage breast-feeding, midwife deliver essential newborn care, etc.

Next steps

The output from the Zero Separation workshop is just one of the first steps of a journey. Achieving the transversal objectives of a Zero Separation strategy will require a long term and transformational vision across different levels and expertise within the organization. The Paediatric, Nursing and SRH Working group has initiated the call to action on this topic but it is critical that all necessary stakeholders are involved to reach goals and milestones in the journey towards Zero Separation.

As a continuation of the work done in the Zero Separation workshop held in Dakar, the MSF SIU and working groups focal points, relevant to the MSF Paediatric topic, aims to Identify partners and projects who are interested in exploring the potential solutions presented. Those interested would be supported through an exploration process that would drive them to assess and understand the contextual realities before testing and implementing new concepts. The potential solutions presented should be seen as examples on how to take initial, concrete steps towards a broader Zero Separation strategy. In the same way, the key barriers identified provides a good understanding on what should be considered when developing local Zero Separation solution and strategies.

Besides the ambition to develop and implement concrete Zero Separation solutions and strategies – that are key to show the rest of the movement that it is not only necessary but also possible to apply them – a more overarching strategy to Zero Separation should be developed. Below points proposes a way forward:

- Promote and use the Paediatric Days 2022 key messages on Zero Separation as the foundation for this transformation.
- Map and identify most relevant actors that are necessary/key to initiate/drive the topic within MSF, from project and mission level to HQ; MedCos, midwives and specialists to advisers, operations and decision makers.
- Continue raising awareness at organizational level - What is Zero Separation and why is it important? For example, through below resources:
 - [Zero Separation explainer video](#) (BeMU)
 - [Zero Separation workshop summary and video](#)
 - Webinar on the topic (TBD by whom, for who and when?)
- Bring Zero Separation champions and front runners together and identify concrete topics and ongoing projects, activities and opportunities based on roles and positions. Example of actions:
 - Stakeholder/activity analysis to map out who does what: From concrete project activities that include Zero Separation components to specialist in HQ that are engaged in the topic.
 - In the same line, identify current practices and examples that can be used to show the movement what is already ongoing – what are the benefits, challenges and how these experiences can help the wider movement forward.
 - Develop a Zero Separation assessment framework for analysis of the maternal a newborn care delivery for project to evaluate the degree in which Zero Separation can be applied and the challenges at base line.
- Develop a strategy on Zero Separation within MSF: short, medium and long-term including everything from low hanging fruits to more transformational ambitions at organizational level.