IMPACT OF PRONTO TRAINING ON 24 HOUR NEONATAL MORTALITY IN KISII COUNTY
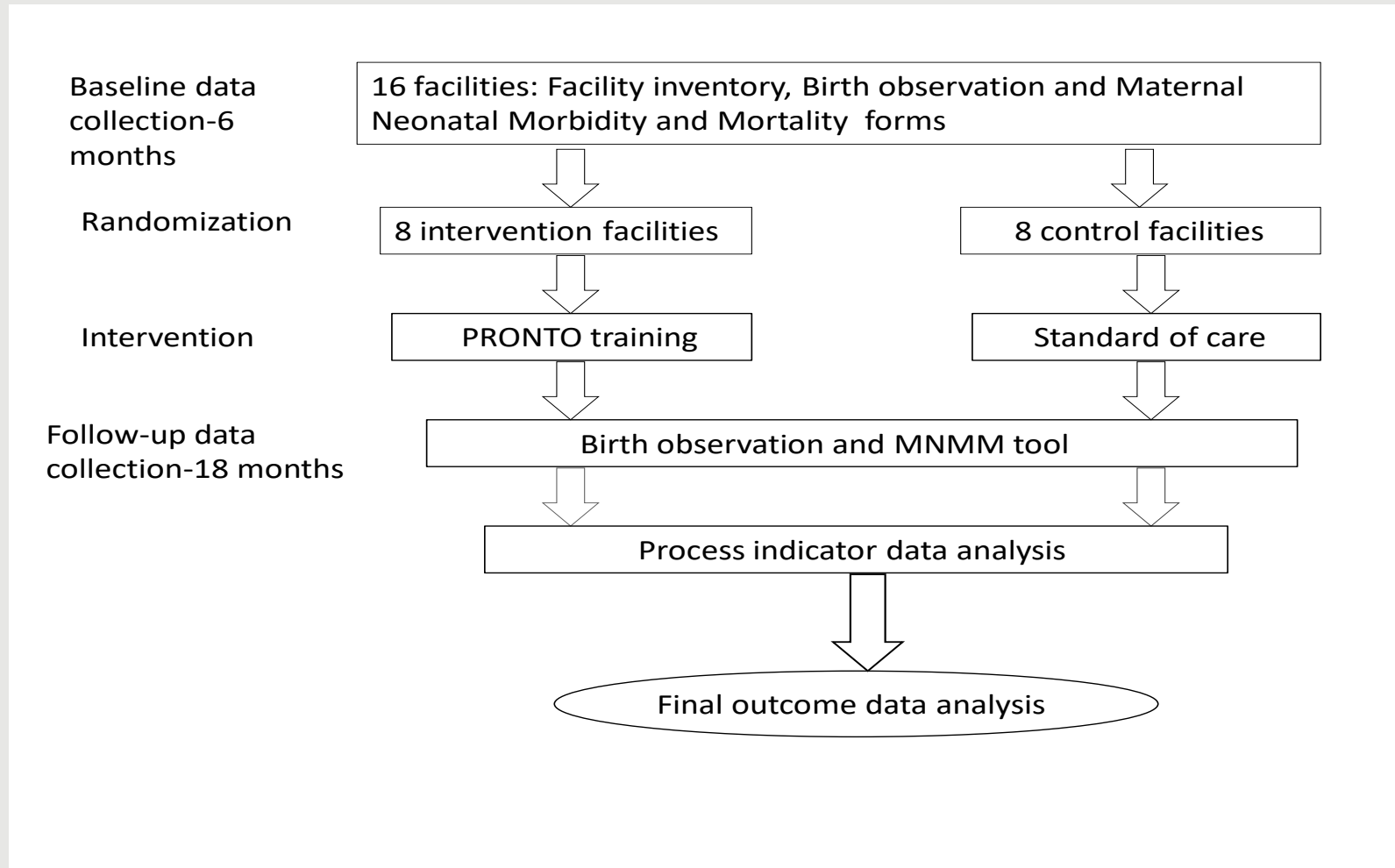
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Simulation of newborn resuscitation by Providers from Kisii County

Onesmus Gachuno,University of Nairobi

Baseline data collection-6 months	16 facilities: Facility inventory, Birth observation and Maternal Neonatal Morbidity and Mortality forms

Randomization → 8 intervention facilities | 8 control facilities

Intervention → PRONTO training | Standard of care

Follow-up data collection-18 months → Birth observation and MNMM tool

Process indicator data analysis

Final outcome data analysis

Mortality Outcomes

	Baseline IR/1000 live births			Post-intervention IR/1000 live births		
	Intervention	Control		Intervention	Control	
	IR (95%CI)	IR (95%CI)	p-value	IR (95%CI)	IR (95%CI)	p-value
Neonatal mortality	7.75 4.34 - 12.79	12.43 7.59 - 19.2	**0.169**	12.89 9.79 - 16.66	19.92 15.72 - 24.89	**0.012**
Perinatal mortality	12.95 8.9 – 18.72	16.27 10.9 – 23.37	**0.392**	15.89 12.67– 19.89	23.54 19.18–28.61	**0.009**

- 170 neonatal deaths, 68 fresh still-births and 4 maternal deaths during study period
- No difference in neonatal and perinatal mortality comparison at baseline
- Marked reduction in neonatal and perinatal mortality in intervention clinics post-PRONTO training

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Neonatal mortality over study period
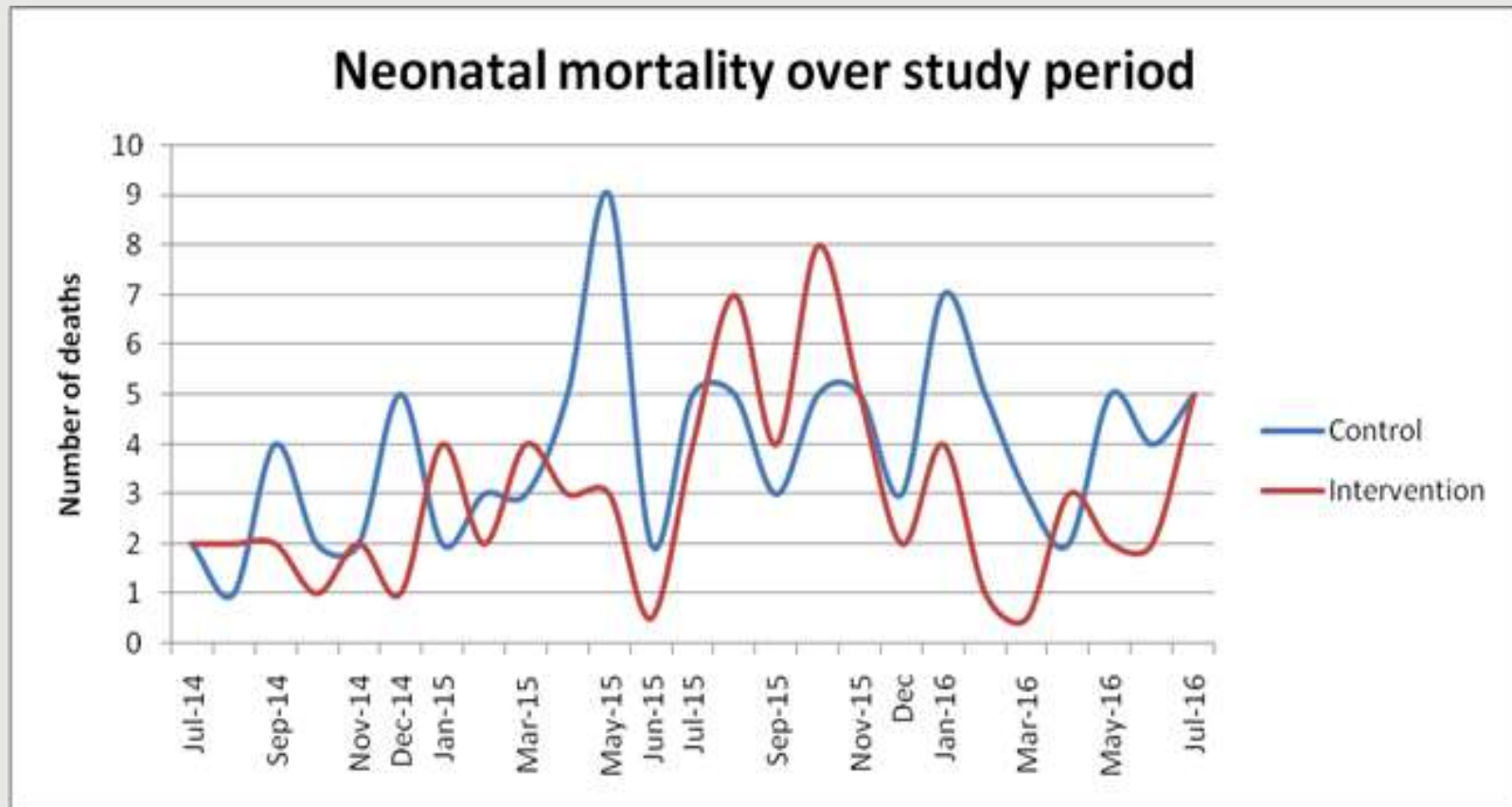
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Ministry of Health and partners with the investigators during a workshop that constituted a TWG to integrate Simulation in the EMONC training package

EMONC training will incorporate simulation as one of the approaches to deliver the training with focus in reducing neonatal mortality

Initially we relied on motor cycles to transport data persons but terrain was a real challenge, was overcome by availing of a vehicle from a previous program