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
Research Approach:

16 facilities: Facility inventory, Birth observation and Maternal Neonatal Morbidity and Mortality forms

Randomization

8 intervention facilities

PRONTO training

8 control facilities

Standard of care

Intervention

Birth observation and MNMM tool

Process indicator data analysis

Baseline data collection-6 months

Follow-up data collection-18 months

Final outcome data analysis
Mortality Outcomes

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<tr>
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<th>Baseline IR/1000 live births</th>
<th>Post-intervention IR/1000 live births</th>
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<tr>
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<td>Intervention (95%CI)</td>
<td>Control (95%CI)</td>
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<tr>
<td><strong>Neonatal mortality</strong></td>
<td>7.75 4.34 - 12.79</td>
<td>12.43 7.59 - 19.2</td>
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<tr>
<td><strong>Perinatal mortality</strong></td>
<td>12.95 8.9 – 18.72</td>
<td>16.27 10.9 – 23.37</td>
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- 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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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.