Counselling on newborn danger signs in low- and middle-income countries: a literature review

Britta Kröger, Medical Doctor, Supervised by Ina Hammesfahr affiliated at Charité - Universitätsmedizin Berlin – Institute of Tropical Medicine and International Health, September 2015

KEY WORDS: Counselling, danger signs, neonatal health, neonatal mortality

PROBLEM STATEMENT: Newborn mortality is a priority public health topic. Many newborn deaths occur at household level and would be preventable if care was sought in time. Counselling caretakers about danger signs that may indicate a serious illness of the newborn aims to promote adequate care seeking behaviour. It is acknowledged that research about counselling strategies is missing. The objective of this study is to evaluate current counselling practices on danger signs and to elaborate recommendations .

METHOD: The literature review focuses on seventeen studies that were published in English and online between 2000 and 2015. After identifying relevant content using a free-text search strategy, the data was grouped into different components which define the counselling process: Entry points for counselling, content and material of counselling, counsellors and recipients, data collection and results and linkages to other stakeholders. A meta-synthesis was used to analyse the aggregated data in a qualitative way.

FINDINGS: The studies were conducted in Asian and African countries in a rural setting, with the exception of one that took place in a peri-urban setting. Counselling is mainly conducted by community health workers at a household level. The main target audience are pregnant women and mothers soon after the delivery. Other entry points for counselling were health facilities, group sessions and combination of household and group sessions. The counselled danger signs varied among the studies and no explanation was given to explain the specific compositions. The process how material was developed was rarely mentioned and counselling material was published once. Various indicators are used to evaluate the effect of interventions: Provision of counselling, change in knowledge, change in health seeking behaviour, neonatal mortality rate. Change in knowledge was the most frequently used indicator.

DISCUSSION: The current counselling practices address almost exclusively women as target audience. This approach should be revised because it is known that other family members such as fathers and mother-in-laws also play a role in the decision-making process. A consensus about which danger signs should be used in different settings is needed to make the composition of danger as evidence-based as possible. Material should be published to share experiences among different programmes. The definition of adequate indicators is essential to improve counselling practices.

CONCLUSION: There is a big heterogeneity in the way counselling is conducted and how effectiveness is measured. This inhibits to identify best practices. Each step within the process of counselling influence the intervention as a whole. Process-indicators, such as the evaluation of the quality of the counselling material, and adequate output-indicators, such as clearly defined health seeking indicators, are missing. The use of adequate indicators is crucial to improve counselling practices to implement them as a valuable technique within the complex process of health seeking.