

Perinatal and Postnatal Counseling as Determinants of Early Newborn Sepsis in Rural Bangladesh

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Abstract : Early neonatal sepsis accounts for more than two-thirds of all deaths in the first year of life. This study assessed the counseling during antenatal, perinatal, post natal periods and its association with possible sepsis in rural Bangladesh. Method: Data were collected from a large community-based trial in Bangladesh where pregnant women were enrolled from 2013-2015 covering 29,497 newborns. Sepsis was defined using neonatal danger signs reported by 'The Young-Infants Clinical Science Study Group. 'Result: Signs of sepsis was found among 15% of the neonates. Neonatal sepsis was higher among those who did not receive advice on TT vaccinations (15.4% vs. 11%, $p < 0.05$) and danger signs (14.8% vs. 12.8%, $p < 0.05$) during pregnancy. Advice on delivering in well-lit place was significantly associated with lower incidence of sepsis (12.7% vs. 14.8% $p < 0.05$). Sepsis was lower among neonates whose mothers were counseled on immediate newborn care for bathing after 3 days of delivery (13.4% vs. 15.2% $p=0$), breastfeeding within 1hr of birth (13.82 % vs. 15.28% $p=0$), apply nothing on the cord (11.54 vs. 15.06 $p=0$), immediate drying of child (12.62% vs. 14.89%, $p=0$). Neonatal sepsis was lower among children whose mothers received 2-4 advice [OR=0.91(95% CI: 0.85-0.97)] compared to neonates whose mothers received only 1 or none. Overall, children to mothers who received ≥ 5 advice had lowest incidence of sepsis [OR=0.83 (95% CI: 0.71-0.97)] Conclusion: Advice on antenatal, prenatal and post natal is significantly reduced with early newborn sepsis. Further research is required to identify specific type of counseling messages that translate into practices and reduce pathways towards early-newborn morbidities.

Keywords : ante natal care, counseling, neonatal sepsis, post natal care

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