

Title: Development of a Community Campaign in Haiti: Newborn Umbilical Cord Care

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Introduction: Sepsis is the third leading cause of neonatal death worldwide. Bacterial infection in the umbilical cord is a leading cause of sepsis. Home births in low-income countries have increased risk for cord infection. The World Health Organization recommends chlorhexidine application to the umbilical cord stump of infants delivered in the community setting in low-resource countries. Recent research shows efficacy, acceptability and feasibility of chlorhexidine 4% use for umbilical cord care in Asia and Africa. No study has examined the acceptability or feasibility of chlorhexidine use in Haiti, the poorest country in the Western Hemisphere.

Objective: Evaluate effectiveness of a community behavior-change campaign in Haiti: chlorhexidine (4%) use compared to traditional cord care practices.

Methods: Focus groups explored chlorhexidine use versus traditional cord care practices. A community campaign was developed and implemented. Traditional birth attendants applied chlorhexidine post-delivery and taught mothers to apply. To evaluate the successful adoption of chlorhexidine application, community health workers surveyed mothers one week post-delivery.

Results: Descriptive statistics described the study sample and use of chlorhexidine. Unadjusted and adjusted regression analyses determined factors related to adherence to the chlorhexidine application and use of traditional cord care practices. Nearly all mothers (98%) heard about chlorhexidine use, did not find it difficult to apply and followed application instructions. Few mothers reported co-application of unhygienic substances; none reported using dung; however, 72% applied cloth cord coverings.

Conclusions: The campaign reached mothers, achieved chlorhexidine use and provides a model for scale up implementation. The campaign holds promise to reduce umbilical cord infection.

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