2018 Preterm Birth Initiative Annual Symposium

October 3 - 4, 2018 | Kigali, Rwanda



Preterm birth through the lens of quality, equity and dignity

A mother holds her preterm infant using Kangaroo Mother Care (KMC), Jinja Hospital, Uganda

Image by Nick Berger

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Republic of Rwanda









MAKERERE UNIVERSITY





Murakaza Neza Welcome Kuwakaribisha Bienvenido txais tos Bienvenue

Dear friends and colleagues,

Welcome to the Preterm Birth Initiative's (PTBi) third annual symposium, titled "Preterm Birth through the Lens of Quality, Equity and Dignity." This year's theme was inspired by the launch of the World Health Organization's (WHO) Network for Improving Quality of Care for Maternal Newborn and Child Health ('the QoC Network') and is aligned with the recent release of the Lancet Global Health Commission on High Quality Health Systems in the Sustainable Development Goals (SDG) Era. Over the next few days, we will explore the meaning of quality, equity and dignity, the core values of the QoC Network, in the context of Preterm Birth.

The WHO's vision of the QoC Network is that "every pregnant woman and newborn receives good-quality care throughout pregnancy, childbirth and the postnatal period." This vision ascribes prevention of maternal and neonatal morbidities and mortalities to effective, sustainable, and scalable improvements in quality of care; recognizes the importance of equity and the need to improve access as a means to achieve it; and finally establishes that dignity in care should be an expectation rather than an experience reserved for the few.

The recognition and inclusion of equity and dignity alongside quality resonated with the goals and motivation for our work in East Africa and California. As a global initiative focused on prematurity, our research and programs address how to improve the standard of care so that quality, equity, and dignity are universal experiences for all mothers, newborns, and their families everywhere.

This year's PTBi Symposium is designed to stimulate deep discussion about the meaning of quality, equity, and dignity as it relates to preterm birth in our diverse geographies. Our meeting brings together a global research team and community of stakeholders to learn about critical issues with and from each other. Together we will review evidence and identify gaps in knowledge; hear insights from partners working on the frontlines of care in communities and facilities; learn about new methods, tools and approaches that our research teams are using to improve outcomes; and share stories of the challenges and achievements across our Initiative.

Thank you for joining us in the effort to reduce the global burden of prematurity.

Yours in partnership,

MANDAN

Dilys Walker Principal Investigator, East Africa Preterm Birth Initiative

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Sabine Musange Principal Investigator, Rwanda Preterm Birth Initiative

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Larry Rand Principal Investigator, California Preterm Birth Initiative

Man for a po

Peter Waiswa Principal Investigator, Uganda Preterm Birth Initiative

Jela Stranck

Linda Franck Co-Principal Investigator, California Preterm Birth Initiative



Phelgona Otieno Principal Investigator, Kenya Preterm Birth Initiative

Program at a Glance

Wednesday, October 3, 2018

TIME	EVENT	
8:00 - 9:00 am	Poster Session and Registration	
9:00 - 9:45 am	Opening Ceremony	
9:45 - 10:15 am	Keynote Address	
10:15 - 10:30 am	Theatrical Vignette	
10:30 - 11:00 am	Minister's Address	
11:00 - 11:30 am	Tea Break and Poster Session A	
11:30 am - 12:30 pm	Highlights from the East Africa and California Preterm Birth Initiative	
12:30 - 1:00 pm	Shared Work Highlights	
1:00 - 2:00 pm	Lunch	
2:00 - 2:15 pm	Theatrical Vignette	
2:15 - 3:00 pm	Short Talks: Part One	
3:00 - 3:45 pm	Ministry of Health Perspectives QED & Prematurity	
3:45 - 4:15 pm	Tea Break and Poster Session B	
4:15 - 4:35 pm	Neonatal Care Perspectives	
4:35 - 5:00 pm	Bill & Melinda Gates Foundation Perspective & Day One Closing	

All events in Kilamanjaro 1&2, unless otherwise noted

Thursday, October 4, 2018

TIME	EVENT	LOCATION
8:00 - 9:00 am	Poster Session and Registration	
9:00 - 10:15 am	Breakout Session Part One	
	Session A Evidence-based Brain-Focused Care for Preterm Infants	Kilimanjaro
	Session B Group Antenatal Care and Quality, Equity, and Dignity; Stories from Participants in Both Rwanda and Fresno, California	Muhazi/Virunga
	Session C Maternal Infection & Preterm Birth	Seminar/Isaro
10:15 - 10:45 am	Tea Break and Poster Session C	
10:45 am - 12:00 pm	Breakout Session Part Two	
	Session D Efforts to Improve Quality, Equity, and Dignity in Antenatal, Newborn, and Postnatal Care in Rwanda	Kilimanjaro
	Session E Improving Kangaroo Mother Care (KMC) Practice and Outcomes: Lessons From Kenya, Uganda, and California	Muhazi/Virunga
	Session F Respectful Maternity Care: Exploring Patients' Experiences and Addressing Difficult Subjects with Clinicians in California and East Africa	Seminar/Isaro
12:00 -1:00 pm	Lunch	
1:00 -1:15 pm	Theatrical Vignette	
1:15 - 2:00 pm	Breakout Session Report Backs	
2:00 -2:45 pm	Short Talks: Part Two	
2:45 - 3:15 pm	Tea Break and Poster Session	
3:15 - 3:45 pm	Fireside Chat: Collective Impact	
3:45 - 4:30 pm	Closing Thoughts	
4:30 - 4:45 pm	Gratitude	
4:45 - 5:00 pm	Theatrical Vignette	

All events in Kilamanjaro 1&2, unless otherwise noted

Full Program

Wednesday, October 3, 2018

Poster Session and Registration

8:00 - 9:00 AM Location: Concourse

All posters will be on display throughout the duration of the Symposium. Poster presenters will be by their posters on a rotating schedule.

Welcome Ceremony

9:00 - 9:45 AM Location: Kilimanjaro

Principal Investigators of the East Africa Preterm Birth Initiative and Preterm Birth Initiative Rwanda, and representatives from the University of Rwanda and the Rwanda Ministry of Health will welcome attendees and provide opening remarks.

Dilys Walker | Principal Investigator, East Africa Preterm Birth Initiative, UCSF

Sabine Musange | Principal Investigator, Preterm Birth Initiative Rwanda; School of Public Health, University of Rwanda

Phillip Cotton | Vice Chancellor, University of Rwanda



Felix Sayinzoga | Division Head, Maternal, Child and Community Health, Rwanda Biomedical Center

Keynote Address

9:45 – 10:15 AM Location: Kilimanjaro

Introduction by Peter Waiswa, Principal Investigator, Preterm Birth Initiative Uganda.

Wilson Milton Were | Medical Officer, Child Health Services, Maternal Child and Adolescent Health Department, World Health Organization



Theatrical Vignette 1

10:15 - 10:30 AM Location: Kilimanjaro

Introduction by Lara Miller, Program Manager, East Africa Preterm Birth Initiative.

In collaboration with Fieldwork Creations, PTBi EA will present a series of theatrical vignettes inspired by qualitative research projects. The mission of PTBi EA to disseminate important research findings is brought to life with stories of the cultural, spiritual, and emotional side of maternity care performed by local Rwandan actors. Many thanks to Drs. Patience Afulani, Nadia Diamond-Smith, Doris Kwesiga, George Ayodo, and Sabine Musange for their contributions, and to all of the women and men who shared their experiences. Fieldwork Creations is a project led by Leslie Martinson, Co-Founder, and Lara Miller, Co-Founder, Program Manager, East Africa Preterm Birth Initiative.

Minister's Address

10:30 - 11:00 AM Location: Kilimanjaro

Introduction by Dilys Walker, Principal Investigator, East Africa Preterm Birth Initiative.

Honorable Minister Diane Gashumba | Rwanda Minister of Health



Tea Break & Poster Session A

11:00 - 11:30 AM Location: Concourse

Presenters of Posters 1, 4, 7, 10, 13, 16, 19, 22, 25, and 28 will be available to present and share information on their work.

Preterm Birth Initiative East Africa and California Research and Program Highlights 11:30 AM – 12:30 PM Location: Kilimanjaro

Principal Investigators of the East Africa and California Preterm Birth Initiatives will share highlights of their work in Uganda, Kenya, Rwanda, and California.

Dilys Walker | Principal Investigator, East Africa Preterm Birth Initiative, UCSF

Peter Waiswa | Principal Investigator, Preterm Birth Initiative Uganda, Makerere University

Phelgona Otieno | Principal Investigator, Preterm Birth Initiative Kenya; Kenya Medical Research Institute

Sabine Musange | Principal Investigator, Preterm Birth Initiative Rwanda, University of Rwanda

Larry Rand | Principal Investigator, California Preterm Birth Initiative, UCSF





Shared Work Highlights

12:30 - 1:00 PM Location: Kilimanjaro

This session begins with a presentation of the Preterm Birth Initiative Transdisciplinary Postdoctoral Fellowship and Communication, Collaboration, and Capacity Building (C3) programs. The presentation is followed by overviews of the California and East Africa Preterm Birth Initiatives Discovery Science portfolios.

Miriam Kuppermann | Director, Transdisciplinary Postdoctoral Fellowship Program and Preconception and Prenatal Interventions Program, California Preterm Birth Initiative, UCSF

Laura Jelliffe-Pawlowski | Director, Precision Health & Discovery, California Preterm Birth Initiative, UCSF

Nicole Santos | Program Manager, Transdisciplinary Postdoctoral Fellowship and East Africa Discovery Program



Lunch 1:00 – 2:00 PM Location: Soko Restaurant

Theatrical Vignette 2 2:00 – 2:15 PM Location: Kilimanjaro

Short Talks: Part One

2:15 - 3:00 PM Location: Kilimanjaro

This session will highlight some of the most popular abstracts reviewed by the scientific program committee. They include work done by PTBi colleagues and also from outside the Initiative. We will hear about the problem of maternal mental health during pregnancy and postpartum in Rwanda, about change ideas generated by Quality Improvement teams in PTBi sites in Uganda and Kenya to improve facility care around the time of birth, and about follow up of high-risk children in a PIHsupported clinic in Rwanda.

Facilitated by Elizabeth Butrick, Senior Program Manager, East Africa Preterm Birth Initiative, UCSF.

- 1. Prevalence, Predictors, and Outcomes of Depression Among Pregnant and Postpartum Women in Rwanda | Darius Gishoma, University of Rwanda
- 2. Working with what you have: Low-cost, Effective Change Ideas to Improve Preterm Labor and Preterm Neonatal Care | Rogers Mandu, Makerere University
- 3. Outcomes of Preterm and Low Birth Weight Children Enrolled in the Pediatric Development Clinic: A Model to Improve Health, Nutrition and Development Outcomes for High-Risk Under- Five Children in Rural Rwanda | Catherine M. Kirk, Partners in Health/Inshuti Mu Buzima



Ministry of Health Perspectives | QED and Prematurity: Panel Discussion

3:00 – 3:45 PM Location: Kilimanjaro

Representatives from the Ministries of Health of Rwanda, Uganda, and Kenya will share their priorities around prevention and management of prematurity and how quality, equity, and dignity can be integrated into maternal and newborn health programs.

Introduction by Phelgona Otieno, Principal Investigator, Preterm Birth Initiative Kenya. **Moderated by Nana Twum-Danso** | Consultant to the East Africa Preterm Birth Initiative, and Founder and CEO, Maza, Accra, Ghana

Joel Gondi | Head, Reproductive and Maternal Health Services; Ministry of Health, Kenya

Elizabeth Mgamb | Director of Health, Migori County; Ministry of Health, Kenya

Jesca Nsungwa Sabiiti | Commissioner, Community Health; Ministry of Health, Uganda

Felix Sayinzoga | Division Head, Maternal, Child and Community Health, Rwanda Biomedical Center









Tea Break & Poster Session B 3:45 – 4:15 PM Location: Concourse

Presenters of Posters 2, 5, 8, 11, 14, 17, 20, 23, and 26 will be available to present and share information on their work.

Neonatal Care Perspectives | Saving Lives, Preventing Disability: The Importance of COINN, Neonatal Nurses, Education and Capacity Building

4:15 – 4:35 PM Location: Kilimanjaro

This talk will address the critical role of nursing in the care of preterm infants. The Vice President of Council of International Neonatal Nurses (COINN) will speak about the role of nurses and how COINN has worked to improve capacity in Sub Saharan Africa and across the globe to meet this need.

Introduction by Linda Franck, Co-Principal Investigator, California Preterm Birth Initiative.

Karen Walker | Founding President and Current Vice President, Council of International Neonatal Nurses





4:35 – 5:00 PM Location: Kilimanjaro

Manpreet Singh will share details about his work as a Global Development Fellow and the Bill & Melinda Gates Foundation's new Maternal Newborn and Child Health program strategy.

Introduction and closing instructions by Dilys Walker, Principal Investigator, East Africa Preterm Birth Initiative.

Manpreet Singh | Global Development Fellow, Bill & Melinda Gates Foundation



Evening Program | Cocktail Hour

5:15 - 6:15 PM Location: The Serena Hotel

Dinner

6:15 - 8:00 PM Location: Serena Hotel Auditorium

Sabine Musange, Principal Investigator of the Preterm Birth Initiative Rwanda will emcee the dinner program that will include two talks by special invited guests and performances by a local entertainment organization.

Alex Coutinho | UCSF Preterm Birth Initiative Strategic Advisory Board Member and Former Executive Director of Inshuti Mu Buzima

Jeanine Condo | Director General, Rwanda Biomedical Center



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Thursday, October 4, 2018

Poster Session

8:00 - 9:00 AM Location: Concourse

Organized Breakout Sessions: Part One 9:00 - 10:15 AM

Session A | Evidence-Based Brain-Focused **Care for Preterm Infants**

Location: Kilimanjaro

This session will address current evidence for brain-focused care of preterm infants. Through exploring research and implementation gaps in the neurologic care of preterm newborns worldwide, opportunities for improved outcomes will be discussed. Speaker presentations will be followed by a panel discussion and audience participation.

Dawn Gano | California Preterm Birth Initiative, UCSF

Susanne Martin Herz | East Africa Preterm Birth Initiative, UCSF

Grace Nalwa | Maseno University

Elizabeth Rogers | California Preterm Birth Initiative, UCSF



Session B | Group Antenatal Care and Quality, Equity, and Dignity: Stories from Participants in Both Rwanda and Fresno, California

Location: Muhazi/Virunga

Group antenatal care is an innovative model of service delivery that is currently under study by PTBi investigators in five districts in Rwanda and in one city in California. Results of these studies will be available in 2019. In this session jointly organized by the study teams in Rwanda and California, participants will receive a basic orientation to the group antenatal care programs in both Rwanda and Fresno, CA. Women who have participated in group antenatal care, providers who have delivered group care, and implementers who have operationalized group care will share stories about their experiences. Participants will experience this story-sharing in a dynamic group process that is parallel to the process fundamental to group antenatal care. Finally, participants will have the opportunity to ask presenters, including Rwandan women who have experienced group care, about their experiences.

Sharon Umutesi | Rwanda Biomedical Center, Maternal, Child, and Community Health Division

Zea Malawa | San Francisco Department of Public Health

Renee Dayton | Glow! Project

Ellen Middleton | Glow! Project

Sabine Musange | Preterm Birth Initiative Rwanda; School of Public Health, University of Rwanda

Lauren Lessard | Glow! Principal Investigator; Central Valley Health Policy Institute









Session C | Maternal Infection and Preterm **Rirth**

Location: Seminar/Isaro

This session will focus on maternal infections during pregnancy and the relationship with preterm birth. There will be a brief review of how chronic and acute infections during pregnancy are risk factors for preterm birth, followed by short presentations of five projects: 1) Periodontal bacteria and preterm birth in Nairobi; 2) Maternal periodontal disease and bacterial pathogens in Kisumu County, Kenya; 3) Risk of preterm birth among women with an emergency department visit or hospitalization for a urinary tract infection in California; 4) Increased levels of pro-inflammatory cytokines in HIV positive women in Kenya with preterm birth; 5) Genitourinary infections and preterm delivery in Rwanda. There will be a moderated discussion after the speakers' presentations.

Veronica Wangari | University of Nairobi

Linus Ndegwa | Kenya Medical Research Institute

Rebecca Baer | University of California, San Diego

Moses Madadi | Transdisciplinary Postdoctoral Fellow, Preterm Birth Initiative, UCSF

Etienne Nsereko | University of Rwanda

Thursday, October 4, 2018 (Cont'd)











Tea Break & Poster Session C 10:15 – 10:45 AM Location: Concourse

Presenters of Posters 3, 6, 9, 12, 15, 18, 21, 24, and 27 will be available to present and share information on their work.

Organized Breakout Sessions: Part Two 10:45 – 12:00 PM

Session D | Efforts to Improve Quality, Equity and Dignity in Antenatal, Newborn, and Postnatal Care in Rwanda

Location: Kilimanjaro

Felix Sayinzoga will moderate a panel of five presenters who all work on research, policy, and implementation projects to improve the quality of care for mothers and newborns in Rwanda. Panelist presentations will include: Rwanda's plan to integrate the World Health Organization's 2016 recommendations for ANC; the introduction of basic obstetric ultrasound at 18 health centers in Rwanda; studying the effects of group antenatal and postnatal care at 18 health centers; quality improvement in the care of preterm newborns at several hospitals in Rwanda; and efforts to implement a comprehensive postnatal program in Rwanda. There will be a question-and-answer period to end the session.

Felix Sayinzoga | Preterm Birth Initiative Rwanda; Rwanda Biomedical Center, Division of Maternal and Child Health

Sharon Umutesi | Rwanda Biomedical Center, Division of Maternal and Child Health

Catherine Mugeni | Preterm Birth Initiative Rwanda; Rwanda Ministry of Health

Marie Claire Abimana | Partners in Health Rwanda

David Nzeyimana | Preterm Birth Initiative Rwanda; School of Public Health, University of Rwanda

Sabine Musange | Preterm Birth Initiative Rwanda; School of Public Health, University of Rwanda









Session E | Improving Kangaroo Mother Care (KMC) Practice and Outcomes: Lessons from Kenya, Uganda, and California

Location: Muhazi/Virunga

This session will: address the barriers and enablers to sustaining KMC practice in hospital and community settings across low and high resource countries; describe innovations and strategies to improve KMC practice across a range of settings; discuss the key outcome metrics needed for KMC quality improvement and research; and begin to generate ideas for further cross-country collaborative innovative practices or research studies.

Phelgona Otieno | Preterm Birth Initiative Kenya; Kenya Medical Research Institute

Kevin Achola | Preterm Birth Initiative Kenya; Kenya Medical Research Institute

Grace Nalwa | Maseno University

Beatrice Olack | Preterm Birth Initiative Kenya; Kenya Medical Research Institute

Priscah Lihanda | Preterm Birth Initiative Kenya; Kenya Medical Research Institute

Rodgers Mandu | Preterm Birth Initiative Uganda; Jinja Hospital Uganda

Getrude Namazzi | Preterm Birth Initiative Uganda; Jinja Hospital Uganda

Harriet Nambuya | Preterm Birth Initiative Uganda; Jinja Hospital Uganda

Doris Kwesiga | Makerere University Uganda

Linda Franck | California Preterm Birth Initiative, UCSF







Session F | Respectful Maternity Care: **Exploring Patients' Experiences and** Addressing Difficult Subjects with Clinicians in **California and East Africa**

Location: Seminar/Isaro

This panel will discuss presenters' experiences from both California and East Africa with encountering a lack of respectful maternity care. They will demonstrate tools and approaches that can be used to open frank discussions on these difficult topics and work toward transformative change.

Brittany Chambers | California Preterm Birth Initiative, UCSF

Lara Miller | East Africa Preterm Birth Initiative, UCSF

Alice Muhayimana | University of Rwanda

Brandi Gates | Breast Friends Mommy Group

Annette Osimbo Okwaro | Preterm Birth Initiative Kenya; Kenya Medical Research Institute

Harriet Nambuya | Preterm Birth Initiative Uganda; Makerere University

Brianne Taylor | Preterm Birth Initiative Assistant Research Coordinator









Lunch 12:00 - 1:00 PM Location: Soko Restaurant

Theatrical Vignette 3

1:00 - 1:15 PM Location: Kilimanjaro

Report Backs

1:15 - 2:00 PM Location: Kilimanjaro

During this session, individuals assigned to report back on each break-out session will share summaries and key messages with all attendees. Following the overview there will be time for questions.

Facilitated by Beatrice Olack, Technical Coordinator, Preterm Birth Initiative Kenya.

A - Victoria Nakibuuka | Neonatologist, Nsambya Hospital, Uganda

B – Miriam Kuppermann | Director, Transdisciplinary Postdoctoral Fellowship Program and Preconception and Prenatal Interventions Program, California Preterm Birth Initiative, UCSF

C - Laura Jelliffe-Pawlowski | Director Precision Health & Discovery, California Preterm Birth Initiative

D – Angele Musabyimana | Master Trainer, Preterm Birth Initiative Rwanda

E - Osman Warfa | Head, Neonatal Child Adolescent Health Unit; Ministry of Health, Kenya

F - Felicia Lester | East Africa Training Specialist, East Africa Preterm Birth Initiative





Short Talks: Part Two 2:00 – 2:45 PM Location: Kilimanjaro

This is the second session highlighting some of the most popular abstracts reviewed by the scientific program committee. These talks will address work from our PTBi colleagues covering epidemiology of preterm birth with a focus on recurrence, innovative use of metabolic testing to predict longer term outcomes of preterm babies in Uganda, and efforts to ensure the sustainability of work done in our implementation package in Uganda. This session features one of our PTBi Transdisciplinary Postdoctoral Fellows, a California

researcher expanding her work to Uganda, and our PTBi Uganda Program Manager.

Facilitated by Grace Nalwa, Co-Investigator, Preterm Birth Initiative, Kenya.

- 1. Recurrence of Early Preterm, Preterm, and Early Term Birth by Race/Ethnicity and Insurance Status | Deborah Karasek, Transdisciplinary Postdoctoral Fellow, Preterm Birth Initiative, UCSF
- 2. Predictors of Neurodevelopmental Outcomes in a Ugandan Birth Cohort | Elizabeth Rogers, California Preterm Birth Initiative, UCSF
- Testing the Sustainability of the East Africa Preterm Birth Initiative Intrapartum Package of Interventions in the Busoga Region of Eastern Uganda | Gertrude Namazzi, School of Public Health, Makerere University



Tea Break & Poster Session 2:45 – 3:15 PM Location: Concourse

Fireside Chat: Collective Impact 3:15 – 3:45 PM Location: Kilimanjaro

Jonathan Fuchs will highlight the California Preterm Birth Initiative's Collective Impact (CI) Program and engage Zea Malawa in a discussion about the San Francisco CI program for Healthy Births which is called Expecting Justice. Dr. Fuchs will delve into Dr. Malawa's experience in forming and managing the program and reflect on key lessons learned. The pair will also share recent developments that reinforce the strength in the CI approach to influence policy change through cross-sector alignment.

Introduction by Larry Rand, Principal Investigator, California Preterm Birth Initiative.

Zea Malawa | Program Manager, Expecting Justice, San Francisco Collective Impact for Healthy Births; San Francisco Department of Public Health

Jonathan Fuchs | Director, Collective Impact, California Preterm Birth Initiative



Closing Ceremony

Closing Thoughts

3:45 - 4:30 PM Location: Kilimanjaro

Peter Waiswa | Preterm Birth Initiative Uganda; Makerere University

Jesca Nsungwa Sabiiti | Ministry of Health, Uganda

Phelgona Otieno | Kenya Medical Research Institute

Iscar Oluoch | Ministry of Health, Kenya

Sabine Musange | Preterm Birth Initiative Rwanda; School of Public Health, University of Rwanda

Patrick C. Ndimubanzi | Ministry of Health, Rwanda

Wilson Milton Were | Medical Officer, Child Health Services, Maternal Child and Adolescent Health Department, World Health Organization





Gratitude

4:30 - 4:45 PM Location: Kilimanjaro

Dilys Walker | East Africa Preterm Birth Initiative, UCSF



Theatrical Vignette 4

4:45 - 5:00 PM Location: Kilimanjaro

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Meeting Concludes

Poster Sessions

Please join us during the tea breaks to see a selection of the following abstracts and meet members of the East Africa and California research teams.

POSTER SESSION

Poster Session A: Wednesday AM Tea Break 11:00-11:30 am (Posters 1, 4, 7, 10, 13, 16, 19, 22, 25, 28)

Poster Session B: Wednesday PM Tea Break 3:45-4:15 (Posters 2, 5, 8, 11, 14, 17, 20, 23, 26)

Poster Session C: Thursday AM Tea Break 10:15-10:45 pm (Posters 3, 6, 9, 12, 15, 18, 21, 24, 27)

#1 Reactions from Rwandan nurses and midwives implementing group antenatal and postnatal care in the context of a cluster RCT: preliminary quantitative and qualitative results

T. Lundeen¹, D. Nzeyimana², N. Murindahabi², S. Musange²

¹University of California, San Francisco Institute for Global Health Sciences, ²University of Rwanda, School of Public Health

Poster Session A

#2 A pilot study of ultrasound assessment in labor triage: curricula presentation and assessment measures of nurse midwife training in Uganda

J. Okello¹, S. Shah², J. Mulowooza¹, N. Isabirye¹, I. Inhensiko¹, N. Santos³, P. Waiswa⁴, D. Walker^{3,5}

¹Polyclinique La Medicale, Nyarugenge, Kigali, Rwanda; ²Department of Emergency Medicine, University of Washington; ³East Africa Preterm Birth Initiative, UCSF; ⁴School of Public Health, Makerere University; ⁵Department of Obstetrics & Gynecology and Reproductive Services, UCSF

Poster Session B

#3 Preliminary results from postnatal questionnaires among a sub-sample of women who participated in group antenatal care at 10 health centers in Rwanda

T. Lundeen¹, S. Musange²

¹East Africa Preterm Birth Initiative, UCSF; ²School of Public Health, University of Rwanda

Poster Session C

#4 Evaluation of the utility of CRP among preterm infants with sepsis in a resource-limited setting: a retrospective study V. Nakibuuka Kirabira¹, R. Nazziwa¹, Y. Abdullah², R. Sebunya¹, C. Nyagabyaki1, G. Tumwine2

¹Nsambya Hospital, Department of Pediatrics, Uganda; ²International Hospital, Kampala

Poster Session A

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#5 Perceptions of

contraceptives as factors in birth outcomes and menstruation patterns in a rural community in Siaya County, Western Kenya

G. Onyango¹, G. Ayodo¹, S. Wawire¹, N. Diamond-Smith²

¹Jaramogi Oginga Odinga University of Science and Technology, Kenya; ²UCSF

Poster Session B

#6 Health facility utilization in rural Western Kenya: Knowledge, costs and delivery of neonatal and maternal health care services as existing barriers

G. Onyango¹, G. Ayodo¹, S. Wawire¹, N. Diamond-Smith²

¹Jaramogi Oginga Odinga University of Science and Technology, Kenya; ²UCSF

Poster Session C

#7 Introduction of a clinical assessment checklist and ultrasound in eastern Uganda to improve detection of six highrisk obstetric conditions: study design and preliminary findings

J. Mulowooza¹, N. Isabirye¹, I. Inhensiko¹, N. Santos², E. Butrick²; S. Shah³, J. Okello⁴ L. Miller², P. Waiswa¹, D. Walker^{2,5}

¹School of Public Health, Makerere University; ²East Africa Preterm Birth Initiative, UCSF; ³Department of Emergency Medicine, University of Washington; ⁴Polyclinique La Medicale, Nyarugenge, Kigali, Rwanda; ⁵Department of Obstetrics & Gynecology and Reproductive Services, UCSF

Poster Session A

#8 Accurate GA assessment contributes to reduction of preterm mortality at Kegonga hospital through PRONTO mentorship

J. Wangia¹, A. Osimbo¹, C. Owoko¹, J. Okore¹, L. Masava¹, D. Ogola¹, K. Achola¹, B. Olack¹, L. Kirumbi¹, P. Otieno¹

¹Kenya Medical Research Institute

Poster Session B

#9 Does review of PRONTO simulation videos by health care providers improve skills in birth processes? Case of Pre-term Birth Initiative, Migori County, Kenya

A. Osimbo¹, A. Nyakech¹, L. Kizili¹, C. Owoko¹, K. Achola¹, A. Osimbo¹, L. Kirumbi¹, P. Otieno¹

¹Kenya Medical Research Institute

Poster Session C

#10 Data strengthening from preterm birth in Uganda: Lessons from six hospitals

D. Kajjo¹, P. Mubiri¹, R. Mandu¹, G. Namazzi¹, P. Waiswa¹, R. Keating²

¹School of Public Health, Makerere University; ²East Africa Preterm Birth Initiative, UCSF

Poster Session A

#11 Maternal and neonates related referral from high volume delivery facilities in Migori County, Western Kenya

K. Achola¹, J. Wangia¹, P, Lihanda¹, A. Osimbo¹, C. Otare¹, J. Boke¹, D. Ogola¹, A. Odanga¹, B. Olack¹, G. Nalwa², A. Wanyoro³, P. Otieno¹

¹Kenya Medical Research Institute, ²Maseno University, ³Kenyatta University

Poster Session B

#12 How staff changes and health workers strike affect biomedical data documentation rate: A case study of Migori County - Western Kenya
C. Otare¹; A. Wanyoro², K. Achola¹; B. Olack¹; P. Otieno¹; R. Merai³; E. Butrick³; D. Walker^{3,4}

¹Kenya Medical Research Institute; ²Kenyatta University; ³East Africa Preterm Birth Initiative, UCSF; ⁴Department of Obstetrics & Gynecology and Reproductive Services, UCSF

Poster Session C

#13 PRONTO mentorship as means of improving quality of care to preterm babies in Migori County, Kenya

A. Osimbo¹, C. Owoko¹, J. Okore¹, L. Masavah¹, J. Wangia¹, A. Nyakech¹, L. Kirumbi¹, P. Otieno¹, K. Achola¹

¹Kenya Medical Research Institute

Poster Session A

#14 Perceptions of maternity care at labor triage: Initial findings from a baseline survey in Eastern Uganda

N. Santos¹, J. Mulowooza²; N. Isabirye², I. Inhensiko²; E. Butrick¹, S. Shah³, P. Waiswa²; D. Walker^{1,4}

¹East Africa Preterm Birth Initiative, UCSF; ²School of Public Health, Makerere University; ³Department of Emergency Medicine, University of Washington; ⁴Department of Obstetrics & Gynecology and Reproductive Services, UCSF

Poster Session B

#15 Practices and perceptions of family centered care by neonatal intensive care unit teams

L. Franck¹, C. Gay^{1,2}, R. Kriz^{1,2}, R. Bisgaard³, K. Millar^{1,2}, N. Tsado^{1,2}, P. Joe⁴, H. Christiansen⁴, S. Ngo⁴, D. Cormier⁵, N. Hansen⁵, P. Bekal⁵, Y. Sun⁶

¹California Preterm Birth Initiative, UCSF; ²Department of Family Health Care Nursing, UCSF; ³UCSF Benioff Children's Hospital, San Francisco; ⁴UCSF Benioff Children's Hospital Oakland; ⁵Community Regional Medical Center; ⁶Division of Neonatology, UCSF

Poster Session C

#16 Application of a U.S. based metabolic gestational age dating algorithm to newborns in Busia, Uganda

S. Oltman^{1, 2}, E. Jasper³, M. Kamya⁴, A. Kakuru⁵, R. Kajubi⁵, T. Ochieng⁵, H. Adrama⁵, M. Okitwi⁵, P. Olwoch⁵, B. Bedell⁵, J. Dagle⁶, P. Jagannathan⁷, T. Clark⁸, G. Dorsey⁸, L. Rand^{2,9}, T. Ruel⁸, E. Rogers¹⁰, K. Ryckman^{3,6}, L. Jelliffe-Pawlowski^{1,2}

¹ Department of Epidemiology and Biostatistics, UCSF; ²California Preterm Birth Initiative, UCSF; ³Department of Epidemiology, University of Iowa; ⁴School of Medicine, Makerere University College of Health Sciences; ⁵Infectious Diseases Research Collaboration; ⁶Department of Pediatrics, University of Iowa; ⁷Department of Medicine, Stanford University Medical Center; ⁸Department of Medicine, UCSF; ⁹Department of Obstetrics, Gynecology, & Reproductive Sciences, UCSF; ¹⁰Department of Pediatrics, UCSF;

Poster Session A

#17 Initial metabolic profile as a global measure of risk for mortality and morbidity in preterm infants

S. Oltman^{1, 2}, E. Rogers³, R.J. Baer^{2,4}, M. Steurer^{1,3}, M. Pantell³, M. McCarthy¹, J. Anderson³, C. Partridge², J. Dagle⁵, M. Petersen³, L. Rand^{2,6}, K. Ryckman⁷, L. Jelliffe-Pawlowski^{1, 2}

¹Department of Epidemiology and Biostatistics, UCSF; ²California Preterm Birth Initiative, UCSF; ³Department of Pediatrics, UCSD; ⁵Department of Pediatrics, UNIVERSITY of Iowa; ⁶Department of Obstetrics, Gynecology, & Reproductive Sciences, UCSF; ⁷Departments of Epidemiology & Pediatrics, UNIVERSITY of Iowa

Poster Session B

#18 Using Community Based Participatory Research to Create a Patient Centered Group Prenatal Care Model L. Lessard¹, C. Oberholtzer¹

¹Glow! California State University, Fresno

Poster Session C

#19 Maternal characteristics among preterm and low birth weight deliveries in selected health facilities in Migori County, Kenya

C. Otare¹, D. Ogolla¹, R. Merai², G. Nalwa³, V. Moshi, G. Mutindi, R. Simotwo, E. Mumo, K. Achola¹, B. Olack¹, A. Wanyoro⁴, P. Otieno¹

¹Kenya Medical Research Institute; ²East Africa Preterm Birth Initiative, UCSF; ³Maseno University; ⁴Kenyatta University

Poster Session A

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#20 The effect of the nurses strike on critical maternity services in selected facilities in Migori County, Kenya

R. Merai¹, D. Ogolla², A. Benitez^{1,3}, G. Nalwa², C. Otare², P. Lihanda², K. Achola², B. Olack², P. Otieno², E. Butrick¹, D. Walker^{1,4}

¹East Africa Preterm Birth Initiative, UCSF; ²Kenya Medical Research Institute; ³University of California, Berkeley; ⁴Department of Obstetrics & Gynecology and Reproductive Services, UCSF

Poster Session B

#21 Evaluating the

completeness of a modified version of the WHO Safe Childbirth Checklist in maternity wards of Migori County Kenya and the Busoga Region of Uganda.

P. Lihanda¹, L. Miller², P. Wanduru³

¹Preterm Birth Initiative-Kenya; ²East Africa Preterm Birth Initiative, UCSF; ³Preterm Birth Initiative-Uganda

Poster Session C

#22 Saving Our Ladies from early births And Reducing Stress (SOLARS) study: Using a community-based approach to recruit and retain Black and Latinx women into a prospective study

B. Chambers¹, H. Arega², S. Spellen³,
D. Stanley², B. Lopez², S. Arabia²,
T. Oseguera², A. Bell², J. Arcara⁴, A. Manchikanti Gómez⁴, T. Pacheco-Werner⁵, L. Jelliffe-Pawlowski¹, M. McLemore¹

¹California Preterm Birth Initiative, UCSF; ²UCSF; ³San Francisco Department of Public Health; ⁴University of California Berkeley; California State University Fresno⁵

Poster Session A

#23 Improving outcomes of low birth weight babies: Integration of kangaroo mother care in the newborn unit A case study of Migori County Referral Hospital New Born Unit, Migori County-Kenya

L. Njoki¹, I. Oluoch¹, Mary O¹, P.Otieno², P. Lahindwa², B. Olack², E. Mgamb¹

¹Migori County Department of Health, ²Preterm Birth Initiative-Kenya

Poster Session B

#24 Outcomes of preterm birth at 28th day after birth in a large cohort in six hospitals, Eastern Uganda

P. Waiswa¹, P. Mubiri¹, D. Kajjo¹, G. Namazzi¹, P. Wanduru¹, R. Mandu¹, R. Keating², H. Nambuya¹, L. Kazibwe¹, D. Walker²

¹Makerere University School of Public Health, ²East Africa Preterm Birth Initiative, UCSF

Poster Session C

#25 Determinants of low birth weight in 36 health centers in Rwanda: Preliminary analysis

N. K. Murindahabi¹; T. Lundeen²; D. Nzeyimana¹; H. Azman Firdaus²; V. Ndahindwa¹; F. Sayinzoga³; C. Mugeni³; E. Butrick²; S. F. Musange¹

¹College of Medicine and Health Sciences/School of Public Health, University of Rwanda; ²East Africa Preterm Birth Initiative, UCSF; ³RBC/ MCH

Poster Session A

#26 The association between self-reported stress levels and hair cortisol and corticosterone levels in a semi-urban population of pregnant women in Kenya

J. Musana^{1,2}, S. Weiss³

¹Preterm Birth initiative, UCSF; ²Aga Khan University Nairobi, Kenya; ³UCSF

Poster Session B

#27 Gestational age prediction and assessment using ensemble learning for PTBi Rwanda

A. Benitez¹, T. Lundeen², H. Azman², E. Butrick², L. Miller², N. Santos², D. Walker²

¹University of California, Berkeley; ²East Africa Preterm Birth Initiative, UCSF

Poster Session C

#28 Collaborative Research Priority Setting by Parents of Preterm Infants and Neonatal Intensive Care Unit Professionals

K. Millar^{1,2}, D. Gano^{1,2}, R. Kriz^{1,2}, D. Cormier³, P. Joe⁴, N. Hansen³, H. Christensen⁴, N. Tsado^{1,2}, P. Bekal³, S. Ngo⁴, L. Franck^{1,2}

¹California Preterm Birth Initiative, UCSF; ²Benioff Children's Hospital, San Francisco; ³Community Regional Medical Center, Fresno; ⁴Benioff Children's Hospital, Oakland

Poster Session A

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Guest Speaker Biographies



Phillip Cotton | Vice Chancellor, University of Rwanda

Phillip Cotton serves as the Vice Chancellor of the University of Rwanda (UR). Prior to assuming his current role, Dr. Cotton was the Principal of one of UR's Colleges – Medicine and Health Sciences. Before joining UR, Dr. Cotton was at Glasgow Medical School where he is still Professor of Learning and Teaching. After completing a science degree at St. Andrews, he studied medicine at Glasgow where he also completed his Masters and Doctoral degrees. For many years he worked as a General Practitioner in Glasgow and was a Council member and International Committee member, and Fellow of the Royal College of General Practitioners.



Wilson Milton Were | Medical Officer, Child Health Services, Maternal Child and Adolescent Health Department, World Health Organization

Wilson Milton Were is a pediatrician working with the World Health Organization (WHO), Department of Maternal, Newborn, Child and Adolescent Health (MCA), Geneva, Switzerland, as Medical Officer, Child Health Services. He has been with WHO for the last 14 years, his initial 6 years as medical officer responsible for malaria case management and service delivery before his current position. He currently leads the child health population group and for the last 8 years has been responsible for child health policy, practice guidelines and quality of care improvement at health facilities. In addition, he currently co-leads the Department's work on child health Redesign of WHO Guidance and Strategic Approach in response to the Sustainable Development Goals.

Dr. Were graduated with an MD from Makerere University Medical School, Uganda in 1988, and had Postgraduate Pediatric and Child Health training at the University of Zimbabwe, Medical School. He returned to Uganda. From 1996 to 2002, he worked with the Ministry of Health, Uganda as senior consultant pediatrician.



Diane Gashumba | Minister Of Health, Rwanda

Diane Gashumba is the Rwandan Minister of Health of the Republic of Rwanda since October 4, 2016. From March 29, 2016, she served as the Minister of Gender and Family Promotion; she is a pediatrician by profession bringing 17 years' experience in global maternal, new-born and child health with focus to gender issues. Dr. Gashumba has strong management and clinical experience especially in managing maternal, newborn and child health programs, including 3 years as director of two district hospitals and for the last six years she has worked with a USAID funded project as Senior Team leader for quality and as Deputy Chief of Party, for a \$ 57.3 USAID funded project (RFHP) focusing on improving the quality of and access to services in maternal, child and new born health, family planning, reproductive health, HIV, nutrition, malaria and Gender equality in 23 out of 30 districts in Rwanda.

Strategist at building capacity and improving quality within the Rwandan Health system, she has led the design and implementation of the baseline assessment and midterm evaluation of the quality of MNCH care in 6 districts in Rwanda in 2015. Skilled expert in quality improvement including supporting implementation of clinical QI activities and initiatives. She has participated to various surveys and abstracts such as the health seeking behaviors of pregnant women, Immunitum study, and integration of HIV services into MCH, assessment of available equipment in health facilities in Rwanda.



Jesca Nsungwa Sabiiti | Acting Commisioner for Community Health at The Ministry of Health, Uganda

Dr. Jesca Nusungwa Sabiiti joined the Uganda Ministry of Health in 1996 as a Senior Medical Officer in the Control of Diarrhoea Disease Program. Prior to coming to the Ministry Dr. Jesca served as a peadiatrician in Mulago National Referral Hospital. She was subsequently the Program Manager for CDD and currently the Assistant Commissioner in Charge of Child and Newborn Health. She was appointed as the vice president of the Uganda Paediatric Association. She is currently overseeing and championing a number of child and newborn health programs including being the first country to roll out Integrated Management of Childhood Illness where more than 80,000 health workers were trained in five years. Has designed a national program for community child health including the Home Based Management of Fever, Community Treatment of Malaria, Pneumonia and Diarrhea and Newborn conditions. She spear headed strategic planning in RMNCH and led a team of experts in developing the RMNCH sharpened plan, UN Commission on Life Saving Commodities implementation plan for a grant and many other key policy documents. She obtained her M.D. from the Makerere University, Uganda and her PhD. from the Karolinska University, Sweden.



Elizabeth Mgamb | Director of Health, Migori County, Ministry of Health, Kenya

Elizabeth Mgamb is Medical Epidemiologist and is currently the County Director of Health, Migori County. She is an alumnus of the Kenya Field Epidemiology Training Program. She has been an employee of the Ministry of Health for the last 8 years and has served in different capacities and levels; health facility level (Medical Officer), District Level (District Medical Officer of Health), County (Deputy Director, programs and partners, County Director of Health), National level (Monitoring and Evaluation Program Manager, Reproductive, Maternal and Newborn Health Services Unit) and International. In her work as the District Medical Officer of Health and County Director of Health, she was charged with the responsibility of ensuring effective and efficient medical and public health service delivery to the communities at the District and County level respectively. In these capacities, she also provided overall oversight of all the health facilities, health care workers and coordinated all health actors in the area of jurisdiction. She has also served in Sierra Leone for one year under the African Union Support to Ebola Outbreak in West Africa as an epidemiologist and later as the deputy head of mission/ Team Leader for the Sierra Leone Team site. During this time, she coordinated all the activities of 334 multicultural volunteers of the African Union Support to Ebola Outbreak in West Africa (ASEOWA).



Felix Sayinzoga | Preterm Birth Initiative Rwanda; Rwanda Biomedical Center, Division of Maternal and Child Health

Félix Sayinzoga is a Maternal, Child and Community Health Division Manager within Rwanda Biomedical Center (RBC), an implementing agency of the Ministry of Health. He is medical doctor and he received his Masters in Epidemiology from School of Public Health/National University of Rwanda. He is now a PhD candidate at Radboud University/ Nijemegen-Netherlands. He has been working as general practitioner for 4 years in CHUB and district hospitals especially in maternity service. He has been part of a number of maternal, newborn and child health promotion activities. He was leading and involved in the elaboration of many Ministry of Health documents on Maternal and Child Health related policy, strategic plans, guidelines and training materials.



Osman Warfa | Head, Neonatal Child Adolescent Health Unit, Ministry of Health, Kenya

Osman Warfa is a consultant paediatrician and public health specialist, Dr. Warfa's research interests include monitoring and evaluation of child and maternal health programs and scaling access to quality care for newborns, as well as enhancing the quality of maternal and child health with implementation of Maternal and Child Health Handbook. Dr. Warfa is a Ford Foundation IFP Fellow and has consulted with the WHO, DANIDA, UNFPA, UNHCR, Kenya Red Cross Society and International Rescue Committee (IRC). He is a member of the National Governing Council (NGC) of Kenya Medical Association and Kenya Paediatric Association (KPA). Dr. Warfa serves on the National Advisory Board for PTBi Kenya.



Joel Gondi | Head, Reproductive and Maternal Health Services; Ministry of Health, Kenya

Joel Gondi is the head of the Reproductive and Maternal Health Services Unit for the Kenya Ministry of Health. He provides leadership, strategic and partnership management as well as technical management and backstopping on health and health care systems. Dr. Gondi received his MPH, MBChB, EMBA(C) and HSS degrees from the Vrije Universiteit Amsterdam.

Karen Walker | Founding President and Current Vice President, Council of International Neonatal Nurses

Clinical Associate Professor Karen Walker is the Research Manager in Grace Centre for Newborn Care, the neonatal intensive care unit at the Children's Hospital at Westmead and a Senior Research fellow with the Cerebral Palsy Alliance International Multi-Disciplinary Prevention and Cure Team for Cerebral Palsy (IMPACT for CP). Karen is the current President of the Australian College of Neonatal Nurses and Vice President of the Council of International Neonatal Nurses and is passionate about mentoring and developing leadership and research skills in neonatal nurses.



Manpreet Singh | Fellow in Global Development, Bill & Melinda Gates Foundation

Manpreet Singh is a Fellow in Global Development, working at the Maternal, Newborn, and Child Health team at the Bill and Melinda Gates Foundation in Seattle. He was formerly an Associate Partner in Dalberg's Nairobi office. He is trained in clinical medicine, and has experience spanning a range of development topics, including global health, research and innovation, and policy and advocacy. He has experience in designing, implementing, monitoring and evaluating projects across the world, including in China, Congo-Brazzaville, Ethiopia, Ghana, India, Kenya, Malawi, Nigeria, Rwanda, Tanzania and Zambia.



Alex Coutinho | Former Executive Director, Inshuti Mu Buzima

Alex Coutinho is a member of the Preterm Birth Initiative Strategic Advisory Board and has served as a senior advisor to the Initiative since its inception in 2014. Most recently, Dr. Coutinho served as the Executive Director of Inshuti Mu Buzima in Rwanda, a sister organization to Partners in Health. Prior to that, Dr. Coutinho led the Infectious Diseases Institute (IDI), as Executive Director. IDI, part of the College of Medicine of Makerere University, Uganda, provides HIV prevention, care and treatment services, and training in HIV, TB and Malaria, while managing an extensive research portfolio.



Jeanine U. Condo | Director General, Rwanda Biomedical Center

Jeanine Condo is the Director General of Rwanda Biomedical Center (RBC), an implementing institution under the Ministry of Health with 14 divisions including maternal, child and community health (MCCH), non-communicable diseases (NCD), malaria and other parasitic diseases (MOPD), HIV and other STI division, TB and other respiratory disease division, national reference laboratory (NRL), national center for blood transfusion (NCBT) and other divisions that implement key national programs.

Dr. Condo is an Associate Professor of Public Health, with expertise in the areas of impact evaluation, nutrition and maternal and child health. She has previously served as Principal of the University of Rwanda, College of Medicine and Health Sciences and Dean of the School of Public Health.

Prof. Condo holds a MD degree from the University of Rwanda. She earned a PhD in Public Health from Tulane University and completed a MSc in International Development from Tulane University.





Zea Malawa | Program Manager, Expecting Justice, San Francisco Collective Impact for Healthy Births; San Francisco Department of Public Health

Zea Malawa is a highly-respected pediatrician who is passionate and experienced in improving community health. She grew up in San Francisco and is also a current First 5 Commissioner. She served as a primary care pediatrician at Bayview Child Health Center (2012-15) and at Mission Neighborhood Health Center since 2015. Zea graduated from Columbia University majoring in anthropology. Dr. Malawa then completed her medical degree at UCLA, followed by pediatrics residency at Children's Hospital Los Angeles.

Patrick C. Ndimubanzi | Minister of State, Rwanda Ministry of Health

Patrick C. NDIMUBANZI is a Public Health specialist with experience in designing and implementing strategies to tackle HIV/AIDS pandemic, other infectious and non-infectious diseases. Trained as a medical doctor at the University of Rwanda, Dr. Ndimubanzi is a Fulbright alumnus who studied Epidemiology. He holds a Master of Sciences degree from Oklahoma University Health Sciences Center. He's currently the Minister of State for Health in charge of Public Health and Primary Health Care. Prior to serving as the Minister of State in the Ministry of Health, Dr. Ndimubanzi worked with the Centers for Disease Control and Prevention in Kigali focusing in the area of the Pediatric HIV and the prevention of mother to child HIV infection. After completing his medical training, Dr. Ndimubanzi worked on a research project aiming to compare breastfeeding with maternal antiretroviral therapy to formula feeding in order to prevent HIV postnatal mother-to-child transmission in Rwanda.



Iscar Oluoch | County Executive Committee Member, Health Services, Migori County Government

Iscar Oluoch-Owino is the County Executive Committee Member (CECM) - Health Services in Migori County Government. She has extensive experience in governance structures in devolved system of government having been one of the pioneers of devolution in Kenya and served as a CECM in various sectors including Health, Water and Sanitation and Agriculture, Livestock Production and Fisheries Development. Dr. Oluoch currently sits in the Kenya Coordination Mechanisms (KCM) to represent the Forty Seven (47) County Governments CECs for Health in the Global Fund Forum.

Dr. Oluoch has reasonable experience with both public and private sector work environment. Having worked with International Non Governmental Organizations, Government agencies/ state corporations and in the public service, she is well endowed in managing and implementing need based interventions, emergency response programmes, entrepreneurship and livelihoods programming targeting the rural poor and the vulnerable populations, among others. Dr. Oluoch is Social/Community Health Development and Programme Management Specialist with keen interest in addressing social determinants of ill health. She is a champion of maternal and child health and well being in Migori County and beyond.

PTBi-EA in Rwanda



To turn the curve on prematurity is to continue building local human capacity in the area of maternal, neonatal, and child health, and scale up interventions that have been proven to work in this setting. We are motivated about our work because every mother and child deserves the chance to thrive without the burden and stress of preventable complications, death or prematurity."

- **Dr. Sabine Musange** Principal Investigator PTBi-Rwanda smusange@nursph.org

> 36 health facilities across Rwanda

East Africa

Preterm Birth Initiative





East Africa Preterm Birth Initiative

At the **East Africa Preterm Birth Initiative (PTBi-EA)**, our focus is on saving lives. Each year across the world, one million preterm babies die within the first 28 days of life, while over 300,000 women die in childbirth. Funded by the Bill & Melinda Gates Foundation, the initiative is a partnership of the University of California, San Francisco; Makerere University in Uganda; Kenya Medical Research Institute; the Rwandan Ministry of Health; the Rwanda Biomedical Center and the University of Rwanda. PTBi-EA is working to reduce the number of preterm births and save the lives of preterm infants and their mothers by improving quality of care during the antenatal, intrapartum and immediate postnatal periods.

Our Work in Rwanda

Drawing on previous research in the US that shows group care can reduce preterm birth rates, our work in Rwanda focuses on group antenatal and postnatal care (referred to as prenatal and postpartum in the US). We are performing the largest cluster randomized control trial of group antenatal and postnatal care in the world. By 2019, more than 11,000 women across 36 government health centers in five districts will have participated.

Our results will provide the global maternal-child health community with long-awaited information about the feasibility and effectiveness of group antenatal care in low- and middle-income countries. With positive findings from this trial, we hope to provide a model of group care that can be adapted to other low- and middle-income countries, ultimately curbing preterm birth.







Key Project Data

Sample size needed: **7,704** Eligible mothers enrolled as of August 2018: **7,332** Group visits to-date: **1800+**

PTBi-EA Aims

- 1. Improve measurement and data use
- 2. Implement a labor, delivery and postnatal care package
- 3. Design and implement a group model for prenatal care
- Conduct research to inform preterm birth intervention development
- 5. Communication, collaboration and capacity building (C3)

Group Care Trial Highlights

The trial and group care model were co-designed with in-country stakeholders.

- In May 2017, we launched the trial with a full implementation team.
- By 2019, we will have enrolled and collected data for more than 11,000 women and newborns across 36 primary health centers.
- The trial is powered to assess the impact of a group antenatal-postnatal care package on gestational age at birth (a 0.5 week difference between group care and standard antenatal care). It will measure other indicators including ANC/PNC coverage, satisfaction, 28-day mortality among preterm infants and the effects of ultrasound on gestational age assessment and early urine pregnancy testing in the community.

Training Provided to Implementation Team

PTBi-EA trained the following team members:

- 7 group-care master trainers to conduct all in-country group-care training and monitoring
- 54 nurses and 216 community health workers to co-facilitate group ANC and PNC
- 54 nurses to serve as new ultrasound examiners
- 721 community health workers (CHWs) to administer urine pregnancy tests
- 15 data managers, monitoring and evaluation officers and chief nurses from 6 district hospitals to serve as data strengthening trainers (who trained 180 data managers, ANC and PNC providers, and CHW managers to strengthen existing data streams)
- 72 nurses and midwives and 216 community health workers to co-facilitate group ANC and PNC
- 54 nurses and midwives to serve as new ultrasound examiners and 6 medical imaging technologists from the 6 district hospitals to serve as ultrasound mentors

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PTBi-EA in Kenya



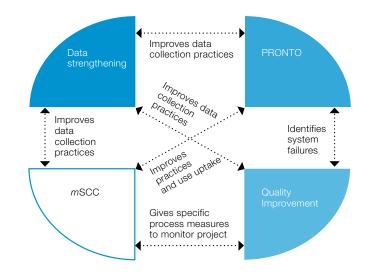
"One of the greatest challenges of doing this work is having facility staff involvement in the interventions we are providing. We are using several approaches to create awareness, build confidence in correct diagnoses, and increase active involvement of facility staff. These are key for the care of preterm babies."

 Dr. Phelgona Otieno Principal Investigator PTBi-Kenya

Our Work in Kenya

PTBi-EA is working to improve mother and newborn survival by examining the impact of proven interventions in facility-based labor, delivery and immediate postnatal care. As a joint cluster randomized trial with Uganda, we currently work in 17 facilities in Migori County on:

- Improving measurement of gestational age by health facility staff
- Improving the quality of existing facility-based records
- Supporting facility-led quality improvement cycles and convening cross-facility learning sessions
- Providing clinicians with simulation and team training to improve preterm labor triage practices, intrapartum management of preterm deliveries, and immediate postnatal care of preterm neonates
- Increasing health facility staff's use of a modified WHO Safe Childbirth Checklist (*m*SCC) for preterm labor triage, intrapartum management, and postnatal care of preterm infants







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Data Strengthening

PTBi-EA is strengthening existing data collection processes in facilities; introducing expanded routine documentation of preterm birth risk factors, phenotypes, and services provided; and introducing tools to refine gestational age measurement. Our synchronized online data dashboard repository is a powerful tool for quality improvement and project monitoring and evaluation.

% records with complete birth data (birthweight, gestational age, APGAR 1 and birth outcome), 6/2016-5/2018



Key Facility Data

Births registered: 27,772 Low birth weight infants: 2,077 Stillbirths: 734 Consented for follow-up: 1.828 Followed up to 28-days: 1,119

PRONTO Training

PRONTO mentors trained: 5 Clinicians trained by PRONTO: 240 Facilities with PRONTO activities: 9 QI Participants: 250

QI Learning Sessions: 3

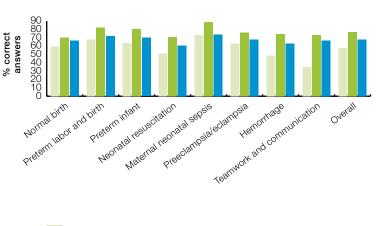
PTBi-EA Aims

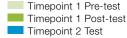
- 1. Improve measurement and data use
- 2. Implement a labor, delivery and postnatal care package
- 3. Design and implement a group model for prenatal care
- 4. Conduct research to inform preterm birth intervention development
- 5. Communication, collaboration and capacity building (C3)

RONTO Training &

Working with PRONTO International, PTBi-EA has developed a highly realistic simulation-based training model to improve preterm labor management in the intrapartum period and care of newborns immediately after birth. PTBi-EA is also conducting a series of Quality Improvement (QI) activities to further improve the quality of care in health facilities.

Clinical knowledge assessment test (before and after PRONTO training)





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PTBi-EA in Uganda

PHOTO: ABUBAKER LUBOWA

"Our vision is a country and an Africa which recognizes the problem of prematurity, but also implements low-cost health system innovations at scale with quality and equity."

Dr. Peter Waiswa
 Principal Investigator
 PTBi-Uganda

6 health facilities in the Busoga Region



East Africa

Preterm Birth Initiative

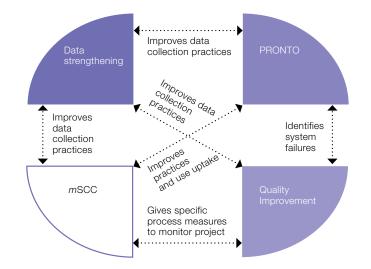
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Our Work in Uganda

We are improving the standard of care for mothers and newborns at select sites in the Busoga Region of Uganda by:

- Partnering with the Ministry of Health and taking a regional approach to work in six hospitals (Jinja, Bugiri, Iganga, Kamuli General, Kamuli Mission and Buluba). This work is linked to PTBi Kenya through implementation of a joint cluster randomized trial.
- Improving measurement of gestational age by health facility staff
- · Improving the quality of existing facility-based records
- Supporting facility-led quality improvement cycles and convening cross-facility learning sessions
- Providing clinicians with simulation-based training to improve preterm labor triage practices, intrapartum management of preterm deliveries, and immediate postnatal care of preterm neonates
- Increasing use of a modified WHO Safe Childbirth Checklist (mSCC) for preterm labor triage, intrapartum management, and postnatal care of preterm infants among health facility staff





Key Facility Data

March 2016 - July 2018

Births registered: **48,087** Low birth weight infants: **5,406** Stillbirths: **2,594** Consented for follow-up: **1,309** Followed up to 28-days: **1,183**

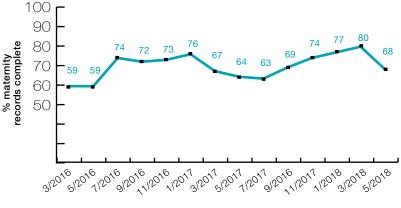
PRONTO Training

PRONTO mentors trained: 9 Clinicians trained by PRONTO: 140 Facilities with PRONTO activities: 6 QI Participants: 150 QI Learning Sessions: 5

Data Strengthening

PTBi-EA is strengthening existing data collection processes in facilities; introducing expanded routine documentation of preterm birth risk factors, phenotypes, and services provided; and introducing tools to refine gestational age measurement. Our synchronized online data dashboard repository is a powerful tool for quality improvement and project monitoring and evaluation.

% records with complete birth data (birthweight, gestational age, APGAR 1 and birth outcome), 3/2016–5/2018



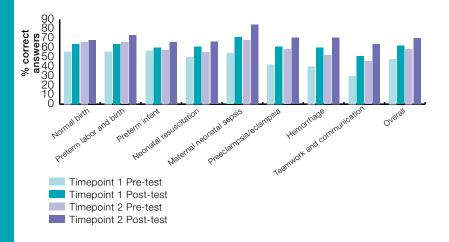
PRONTO Training & QI

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Clinical knowledge assessment test (before and after PRONTO training)

PTBi-EA Aims

- 1. Improve measurement and data use
- 2. Implement a labor, delivery and postnatal care package
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- 4. Conduct research to inform preterm birth intervention development
- 5. Communication, collaboration and capacity building (C3)



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PTBi California

"

I am an African-American woman living in Bayview, and someone is getting murdered in my neighborhood every week. I am stressed and pregnant – what do I do? Doctors have names of medications and conditions in their heads; why not the names of stress and relaxation groups in my neighborhood? I could have benefited from that. Not every treatment is a pill.

- Study Participant, PTBi-CA





California Preterm Birth Initiative

Mission

Our mission is to eliminate racial disparities in preterm birth and improve health outcomes for babies born too soon, through research, partnerships and education grounded in community wisdom.

Vision

We believe all parents deserve healthy pregnancies, and all newborns deserve healthy starts in life.

What We Are Facing

More than one-third of infant deaths in California are related to being born too soon, and babies born prematurely who do survive can face a lifetime of health complications. The stark reality of preterm birth in California is one of health inequity. While 1 in 12 babies are born too soon, the rate of preterm birth among Black women is 47 percent higher than the rate among all other women. We assert that structural and interpersonal racism along with other key social determinants are important drivers of an epidemic that disproportionately affects women of color in California and across the United States.

Research Rooted in Community

The California Preterm Birth Initiative lives at the intersection of research, community partnerships and knowledge transfer and exchange to create positive change for communities experiencing the highest burden of preterm birth. Collaboration is at the heart of our work: we work with our community advisory boards to help determine our research priorities.

We're a community of researchers, parents, lactation consultants, doulas, nurses, doctors, community practitioners, public servants and innovative thinkers determined to change this persistent and urgent issue.

Our work is deeply rooted in place, fostering community-academic partnerships, and deep collaboration with organizations and agencies outside of the health sector whose work impacts the lives and health of families across our communities.

Preterm Birth Initiative

UCSF

University of California San Francisco



Our Research Spans Four Primary Aims:

Aim 1:

Discovery and Precision Health Focused Research

Aim 2:

Intervention Across the Reproductive Lifecourse

Aim 3:

Collective Impact

Aim 4:

Communications, Collaboration and Capacity Building (C3)

pretermbirthca.ucsf.edu

Our Role

The California Preterm Birth Initiative conducts and funds transdisciplinary research across the reproductive life course to probe risk and resilience factors and to identify promising interventions that can turn the curve on the preterm birth epidemic.

We strive to address questions that have been prioritized by families who have experienced preterm birth, and vetted by our community advisory boards. By calling out racism and mending broken systems we're addressing deep racial disparities in preterm birth and creating a healthier future for everyone.

Spotlight: Collective Impact

Addressing the stark health inequities we see in preterm birth rates in California requires partners – beyond the healthcare sector – to focus on key social determinants of health, and to improve access to high-quality systems of care and support. All partners need to be aligned on key issues and interventions. It also requires new strategies to mobilize community members to learn about the physical and policy environments that threaten their health and to develop their capacity to bring about change.

The California Preterm Birth Initiative aims to turn the curve on preterm birth by harnessing the potential of collective impact (CI) to catalyze action by multiple stakeholders, including neighborhood associations, government, academia, health and social service organizations, faithbased groups, and the media. We launched CI in Fresno in 2015 and followed in San Francisco in 2017.

Five Conditions for Successful Collective Impact



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Notes

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Acknowledgment and Gratitude

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Our deepest gratitude to all of the people listed below for their efforts to make this event a success:

Honored Guests

Wilson Were | Medical Officer, Child Health Services, Maternal Child and Adolescent Health Department, World Health Organization

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Diane Gashumba | Minister of Health, Rwanda

Manpreet Singh | Global Development Fellow, Bill & Melinda Gates Foundation

Alex Coutinho | East Africa Preterm Birth Initiative Strategic Advisory Board and former Executive Director, Inshuti Mu Buzima

Visiting Dignitaries & Special Guests

Elizabeth Mgamb | Director of Health, Migori County; Ministry of Health, Kenya

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