

Chlorhexidine (CHX) Gel for Cord Care a Game Changer in New Born Survival in Bungoma County, Kenya

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Background: Neonatal sepsis due to umbilical cord infection is one of the leading causes of neonatal morbidity and mortality in Kenya. The World Health Organization recommends use of Chlorhexidine Digluconate 7.1% (delivering 4% chlorhexidine) a broad spectrum antiseptic for neonatal cord care.

Objectives: To assess level of acceptability among mothers and providers of using CHX for umbilical cord in Bungoma County.

Methodology: A quasi-experimental study in which structured interviews were conducted with 480 mothers with newborns enrolled on CHX, 480 mothers' non users and in-depth interviews with 39 service providers from facilities participating in the programme.

Results: 99% of mothers dispensed with CHX used it while 94% of them were very satisfied compared to prior cord care practice. 93% of non-users indicated a future use. 65% of users reported to have recommended its use, 92% indicated they would recommend it. All providers recommended CHX use citing it ease of application and reduced chance of infection, fast healing of the cord, reduced chances of infection, minimal side effects, and indirect health benefits to the baby.

Conclusion: The findings indicated that use of CHX gel for umbilical cord care was highly acceptable to mothers and providers in communities where the programme was implemented and is likely to be so in similar contexts with high rates of neonatal morbidity and mortality. In scaling up the use of the medication to similar settings, both demand- and supply-side interventions are key to ensuring acceptance, including community sensitization through various channels, provider training, developing and disseminating guidelines for provision, and guaranteeing consistent supply of CHX