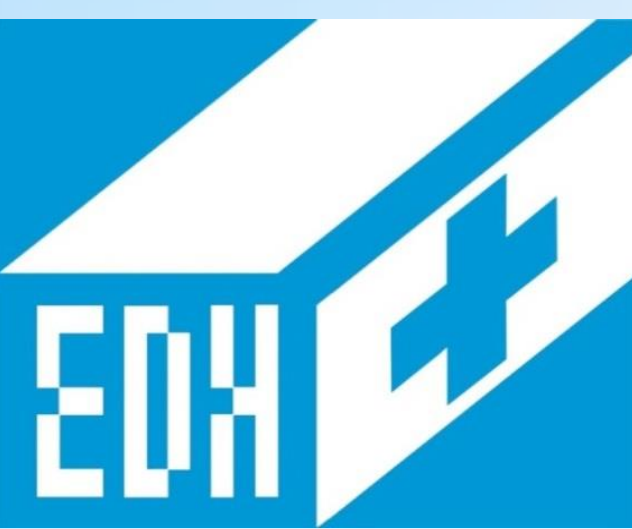


Home visiting promotes baby friendly policy into the remote rural families in Taiwan



Shu-Nuan Yang¹, Meng-Ling Wu², Pei- Ching Wu³
Department of Nursing, E-DA Hospital, Kaohsiung, Taiwan

Introduction

Our hospital, E-Da Hospital, is located in Yanchao District, Kaohsiung City in southern Taiwan. Around our hospital, there are many people who live in the remote rural areas or even the indigenous tribes in the mountains. It is very inconvenient to seek medical advice in these areas. For the female residents and their children, the resources are obviously insufficient in the care during their pregnancy, peripartum and postpartum periods, as well as in the baby friendly care. For providing more help to these children in remote rural families, the Department of Pediatric Medicine of our hospital established the Children Protection Team (CPT) in 2006. Our team arranges regular home visits and follow-ups for special cases and cases that require assistance, and uses home visiting to gain an in-depth understanding of the cases and family needs. The baby-friendly policy has extended from only patients coming to the hospital for medical advice in the past to patients’ lives by integrating the entire medical team. We use home visiting services to solve the situations of inconvenient medical treatment in remote rural areas, tracking foreign spouses, mothers from vulnerable families and developmentally retarded babies. We hope to continue holistic health care and to improve the quality of care by using home visiting services.

Methods

The CPT of our hospital is composed of interdisciplinary professionals, including the Department of Children's Medicine, Department of Obstetrics and Gynecology, Department of Nursing, Department of Social Work, and Department of Nutrition. The CPT provides a diverse and caring baby friendly ability. For premature infants with a birth weight of less than 1500 grams or young children from vulnerable families, a home visiting will be arranged within a week after the case is enrolled by our case manager. We use certain tools, including a visiting box, weighing scale, health education sheet, home visiting evaluation sheet, development evaluation scale, breast model and baby model (Figure 1), to conduct physical assessment for infants and young children in remote rural areas who lack medical resource or need health education.

According to the database of our CPT, there are 153 cases in 2019, 116 in 2020, and 140 in 2021, respectively. The average number is 136 cases per year in our hospital from 2019 to 2021, accounting for 8.5% of the total number in Kaohsiung City during the same period (Table 1). In the cases who were found or suspected with care problems or development abnormalities in the home visiting, immediate health education or early referral to our hospital for further management will be done.

Results

From 2019 to 2021, 89 infants and young children have been visited totally. There are 76 cases needing to receive health education (85.4%), and 61 cases needing referral (68.5%) (Table 2). The results show home visiting can deliver the entire concept of baby friendly policy into the communities and the families. Home visiting provides many benefits including the health of mothers and their kids, young children development, lowering the rate of malnutrition or neglect in children, and enhancing the parents’ caring skills. Home visiting carries out the concept of baby friendly policy, especially in the safety and quality, in the remote rural families.

Table 2. Statistics on home visiting cases

Years	Home visiting case number	Health education case number (%)	Referral case number (%)
2019	25	18 (72.0%)	18 (72.0%)
2020	39	34 (87.2%)	27 (69.2%)
2021	25	24 (96.0%)	16 (64.0%)

Figure 1. Visiting tools

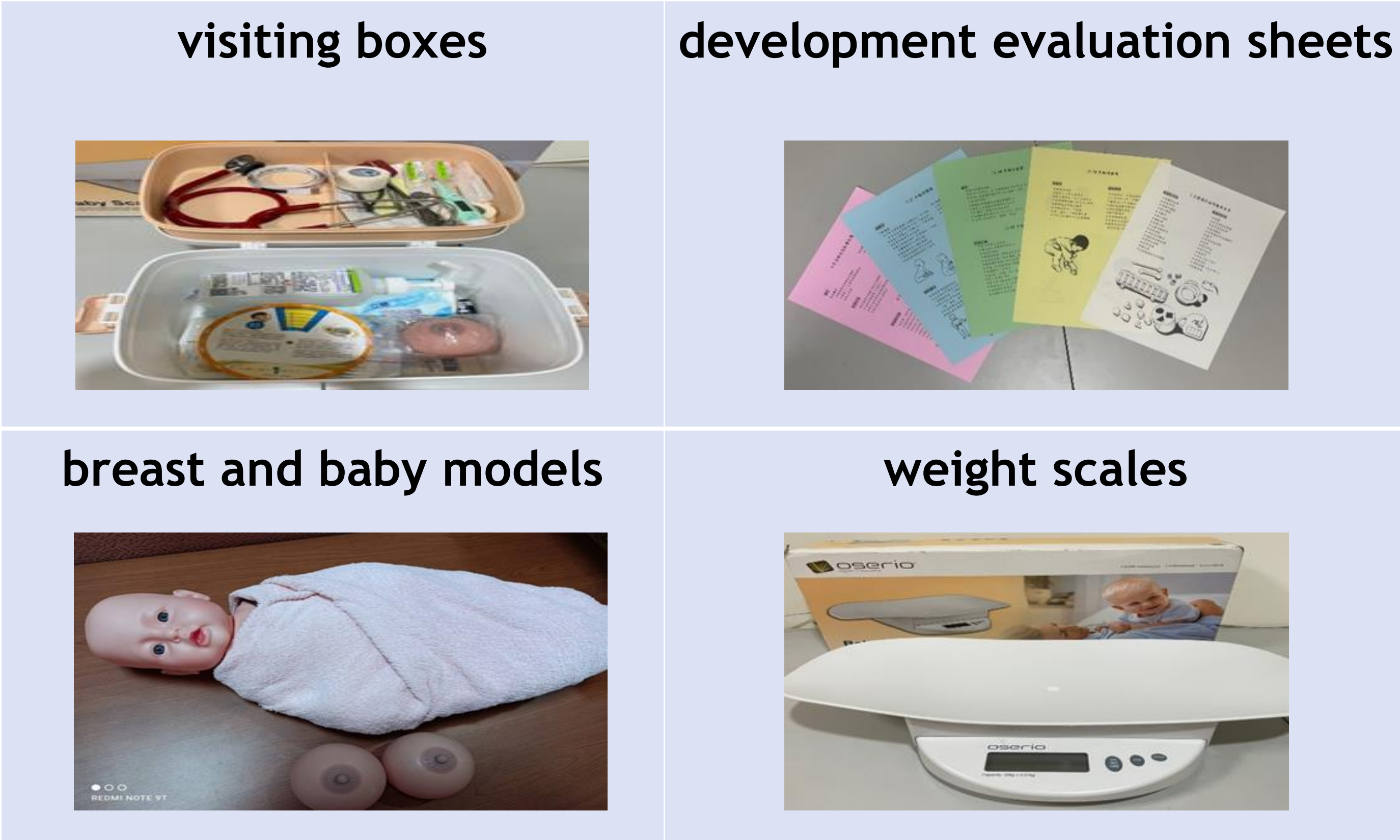


Table 1. Statistics on children protection cases

mechanism	2019	2020	2021
E-DA hospital	153	116	140
Ministry of Health and Welfare	11113	12610	11523
Kaohsiung	1566	1620	1622

Conclusion

In our study, we find that using home visiting service to promote baby friendly policy in the remote rural families can have many benefits, as below:

1. Finding the problems as early as possible

We evaluate the case family by the ways including feeding, bathing, body temperature monitoring, pee and poo conditions, vaccinations, car seat, medications, nutritional supplement, the abnormality needing follow-up.

2. Providing health education

In our experience about home visiting, the most common problems include feeding, pee and poo conditions, medications, and the nutritional supplement. Our multi-professional team provides the case families correct and helpful concepts and recommendations immediately. It helps the case family a lot.

3. Follow-up

In the case who is preterm, our team can provide complete evaluations and continuous follow-up in our hospital, especially in the part of brain, heart, retina, and the neurological development, to reduce the possibility of their development retardations.

4. Early referral

If our pediatricist in the home visiting primarily finds or suspects any gross deficiency or retarded development, the case will be arranged to receive further care and follow-up in our hospital.