



Zero Separation & Palliative Care Synergy for better care

An integrated strategy for enhancing support for premature and low birth weight infants: Experience from Daffra Medical Center, Bobo-Dioulasso, Burkina Faso

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1. Initial context at the CMA of Dafra in 2022



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- Absence of neonatology ward → all ill newborn babies transferred to the UH (high risk of Hypothermia and hypoglycemia)
- VLBW (<1000 grams and/or < 28 weeks of gestation) were not classified as a live birth.
- Nearly universal separation of mother and infant, even during the final moments of life.
- Absence of a neonatal palliative care protocol
- Families were not involved in the care, considered as spectators
- Insufficient communication with families
- Insufficient psychological support for families



2. MSF Zero-Separation Initiative (2022)



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- Establishment of a neonatology unit, 32 beds.
- ZS approach as foundation:
 - Policy to **keep babies and mother together** (except in cases of medical necessity)
 - Parents and companion are allowed to be **present 24/7**
 - **Physical and emotional proximity**: skin-to-skin & kangaroo care & Breastfeeding supported since birth
 - **Integrated care** for the mother-child dyad
 - **Holistic care**: clinical, psychosocial, and nutritional
 - **Family-centered approach**: compassionate & transparent communication, respect for dignity and cultural values
- ZS approach is an ideal baseline for PC implementation



3. Implementation of palliative care

Palliative Care Mobil Support Technician Visit -June 2024

Contextual assessment: 15 group discussions involving healthcare professionals, families of critically ill newborns, and local community members, results:

- **Taboo surrounding neonatal mortality**
- **Inadequately trained professionals** in palliative care, restricted communication, and a sense of helplessness in response to families suffering.
- **Stigmatization of mothers** with critically ill newborns
- Families desire that their **cultural and spiritual needs** be acknowledged.



4. Steps for Implementation

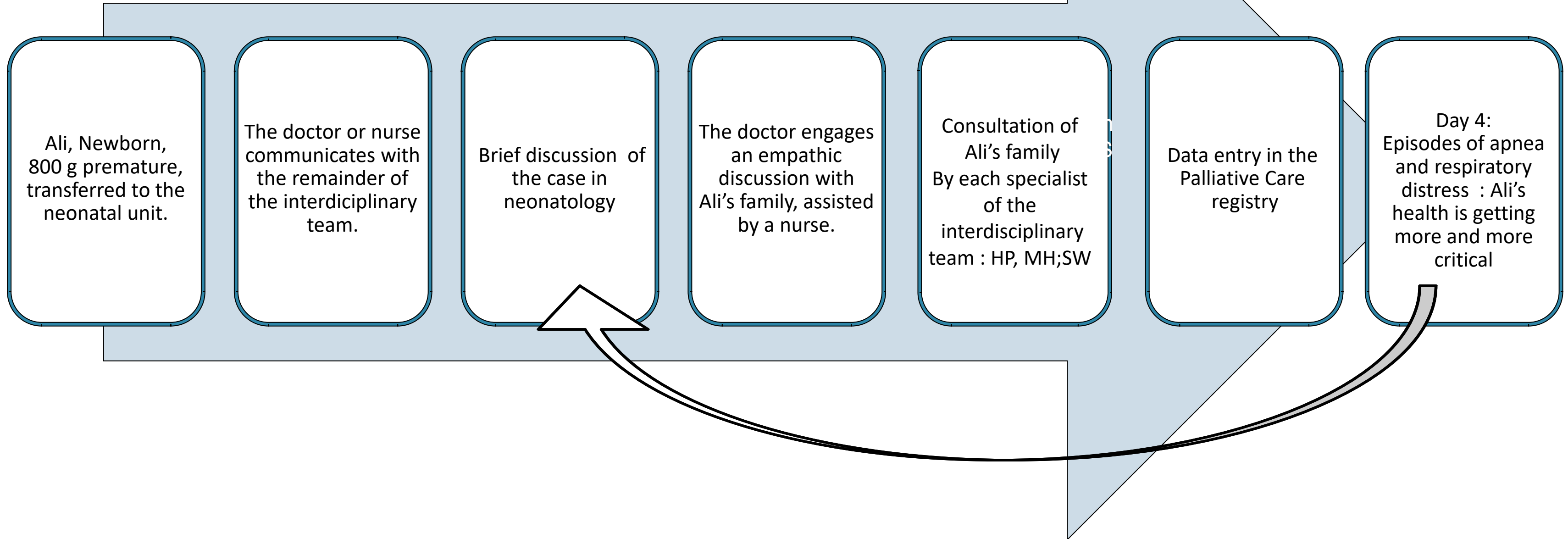


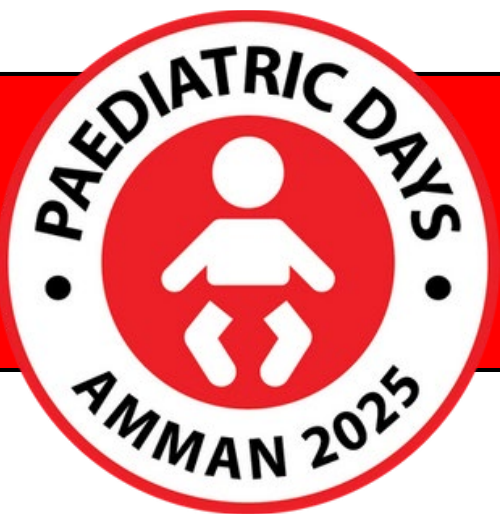
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- Training healthcare personnel in PC and empathetic communication
- Definition of admission criteria for PC
- Definition of the Palliative Care Pathway
- Interdisciplinary team creation: pediatricians, physicians, psychologists, nutrition assistants, HP specialists, social workers.
- Designation of three focal points
- Setting monthly Meetings: Interdisciplinary Team, Managers
- Satisfaction surveys for continuous feedback

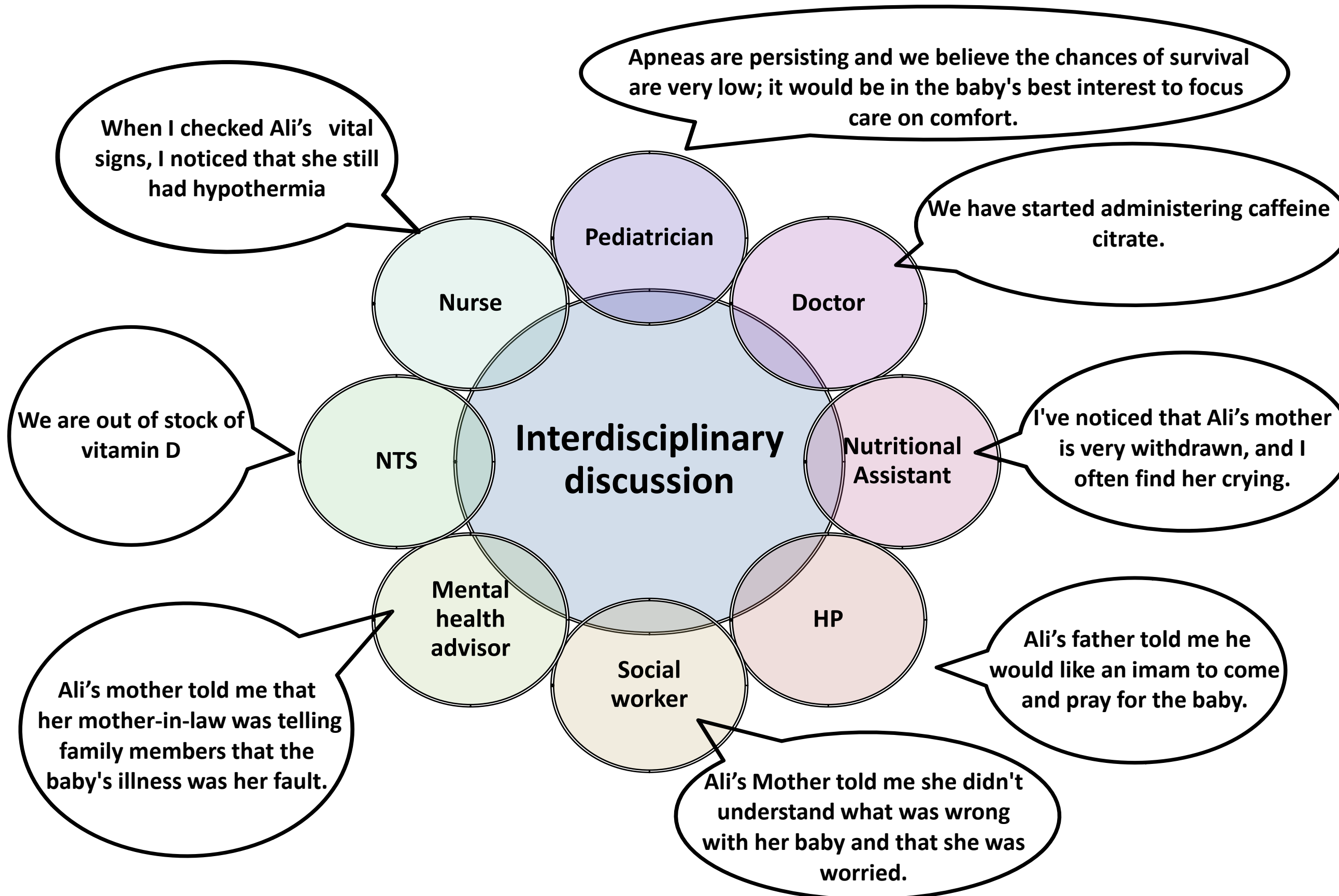


5. Ali 800g preemie Palliative Care Pathway





6. Interdisciplinary Dialogue





7. Enhancing caregivers-families relationships

- **Deconstructing the stigma** associated with neonatal mortality
- **Trust** between caregivers and families cultivates transparent communication regarding end-of-life care.
- **Families are more informed** and increasingly at ease with posing questions.
- Families at the heart of care: **Parents are active actors** in the care process, not powerless spectators
- Mothers permitted to remain until their final moments → **dignified farewells**
- **Integration of spiritual and cultural needs** (e.g., permitting the presence of a religious guide for a prayer for Ali)



8. Interprofessional Evolution



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- **Diminished medical hierarchies** → collaborative decision-making
- **Regular interdisciplinary meetings** with rotating leadership (nurse, nutritionist, psychologist, physician) → appreciating each contribution
- Enhancing the sense of **team cohesion**
- **Collaboration in the decision-making** among physicians and nurses regarding care (e.g: need for intravenous access for some patients with very low birth weight)



9. Documented clinical outcomes



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- While VLBW (<1000g) were neither registered nor supported, ZS-PC synergy has facilitated the establishment of a space for care, hope, and dignity.
- From July 2024 to March 2025 (9 months): 35 newborns <1000g and/or < 28 weeks gestation admitted in palliative care, average weight of 844g, survival rate of 28.5% at discharge.
- ZS: Increased kangaroo care and early breastfeeding coverage, decreased hypothermia and hypoglycemia among VLBW.
- For infants nearing the end of life → compassionate care, minimization of aggressive interventions.



10. Insights gained and potential for replication

- The ZS approach has established optimal conditions for the Kangaroo care, a life-saving intervention
- ZS+PC Profound transformation: caregiving culture, caregiver-family dynamics, clinical excellence
- Parents are now actors in the care process, not powerless spectators
- A model that can be replicated for other MSF initiatives.



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Thank you !



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