



Hand Hygiene Compliance – A Key Component of Neonatal Care

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Infections account for 25% of the 2.8 million neonatal deaths worldwide every year [1]. Moreover, there is significant rise in healthcare associated infections (HAI) especially among neonates. Hand hygiene, sepsis care bundles and antibiotic stewardship are important strategies for reducing HAI. Hand hygiene has proven to be the single most effective intervention to halt the spread of HAI, when combined with other critical measures. Hand hygiene compliance (HHC) is a key performance indicator for programmes related to infection prevention and control and also for patient safety and quality of health services [2]. Though being a simple intervention, hand hygiene is often suboptimal in many healthcare facilities. In a neonatal intensive care unit (NICU) setting, poor HHC by healthcare workers (HCW) can have serious impact on the outcome of neonates. Hence, appropriate measures should be in place to improve HHC among HCW, including surveillance, audits and ongoing Quality Improvement (QI) initiatives.

Arunakumar et al. have conducted a QI project in a special newborn care unit (SNCU), Bengaluru to improve HHC among HCW. The obstacles to HHC were sorted out and assessed using fishbone analysis. Three plan-do-study-act (PDSA) cycles were carried out. Appropriate counseling and health education pertaining to WHO's five moments of hand hygiene were imparted to HCW. Interventions also included health education posters and supply of liquid hand soap and hand sanitizers. HHC improved from a baseline value 69% to 85% after the third PDSA cycle. The healthcare associated infection rate was also noted to decrease by the QI project. The authors need to be appreciated for this wonderful initiative. However, mothers were not involved in this pilot project and hand hygiene moments were not documented during resuscitation outside SNCU [3].

Frequent and appropriate hand hygiene by mothers, caregivers and HCW may decrease infections of the neonates by reducing dirt, and germs on their hands, thereby decreasing their capacity to infect neonates. Hand hygiene in NICU can be improved by removing the barriers and actively promoting compliance. The common reasons attributed for non-compliance to hand hygiene are forgetfulness of the HCW and perception of patient needs as immediate priority [4]. HHC can be achieved by provision of appropriate hand wash facilities, placing hand-rub dispensers in the required areas, training of personnel, and by physicians setting good examples for others to follow. There is significant progress in establishing SNCUs across the country. However, we need to focus on quality of care provided through these portals. Ensuring uniform HHC measures in all SNCUs will be a solid step towards reduction in neonatal mortality. Simultaneously, we can make a dent in the growing HAI and antimicrobial resistance across NICUs. It will be better if HCW develop obsessive compulsion for frequent hand washing rather than chasing nosocomial bugs with newer antibiotics [5]. During the COVID pandemic, HHC improved among public and HCW mainly due to the fear of infection transmission. Though guidelines and audits may contribute to improving HHC among HCW, a positive change in the innate social behavior is the key for sustaining civic sense inside and outside NICUs.

Declarations

Conflict of Interest None.

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