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## **Screening for Microcephaly in Newborns in the Dominican Republic**

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"We had to reeducate ourselves mentally. Even if people say: 'there is no Zika' since in the country the Aedes Aegypti mosquito is endemic, we must continue with prevention and keep it in the regular care of the pregnant women who come to the center to give birth."-Dr. Juana Mena, Perinatologist Pediatrician, Dr. Vinicio Calventi Regional Hospital.

[dr.jpg](#) [1]



Dr. Vinicio Calventi Regional Hospital is located in the Los Alcarrizos sector, north of the province of Santo Domingo, capital of the Dominican Republic. This is a health center with 133 beds and a reference population of approximately 272,776 inhabitants.

This hospital has been able to maintain 90% to 100% screening of newborns for more than six

months, thus overcoming the resistance to change, the paradigm changes of personnel and, above all, performing the screening in a correct and timely manner so any microcephaly or case of Congenital Syndrome associated with the Zika virus are detected at birth according to national and international standards. These results have been possible, first with the support of the national, regional, hospital authorities and especially the members of Quality Improvement Team. Because of the ASSIST project interventions, QI teams received training in the Quality Improvement Model, basic in-person Zika trainings and Neonatal screening for microcephaly in the Zika context. The neonatology improvement team of the hospital is made up of doctors specializing in Pediatrics and Perinatology and licensed and auxiliary nurses.

In addition to the trainings, the project donated measuring tapes from the Latin American Center for Perinatology and the Pan American Health Organization (CLAP / PAHO), tables from the World Health Organization (WHO) and Intergrowth 21st, together with the 'Guide for the care of Pregnant Women and Newborns Affected by the Zika Virus' allowed the team to close the following gaps: a) the PC was measured but not using the correct technique recommended by the Centers for Disease Control and Prevention (CDC) b) measures were being done with an inappropriate tape, c) the appropriate tape was not available and accessible in the different areas (delivery room, surgery, newborn reception room), d) the decimal was not recorded, e) the tables of the World Health Organization (WHO) and Intergrowth 21st were not used as a standard for the interpretation of PC measurement, f) this activity was not supervised and g) not all staff in the Perinatology department and the different shifts or work schedules had been trained in neonatal screening for microcephaly.

The improvement to identified gaps was possible because of the implementation of the QI team to meet periodically with the support of the medical management and sub directorate. Together they analyzed the gaps and identified improvement opportunities and strategies that as a team they would implement to improve their results. Now, when new personnel enter the department either fixed or by temporary rotation, a member of the team carries out the training so that it can give continuity to the process implemented by the team to ensure the sustainability of improvements for the future.



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