

# NEWBORN HEALTH AND SURVIVAL

## A CALL TO ACTION

### FOCUS ON NEWBORN HEALTH AND SURVIVAL

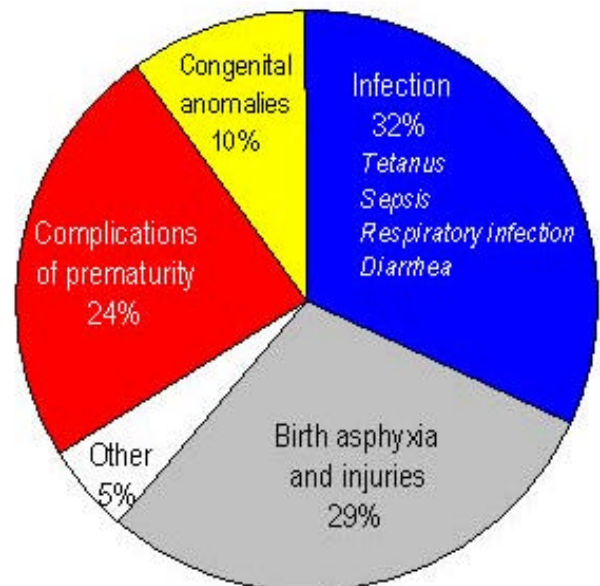
Improving newborn survival will dramatically reduce infant mortality worldwide. Of the 7.1 million infants who die each year, about half die in the first 28 days after birth — the neonatal period. Of these, nearly 75 percent die in the first week after birth. Ninety-eight percent of all neonatal deaths occur in developing countries.<sup>1</sup>



Interventions to prevent neonatal death and disability — many of them simple and low-cost — can be integrated into existing maternal and infant health programs. Efforts to improve maternal health and survival will have a substantial impact on newborn survival. Programs can support women, families, communities, and providers to adopt practices that save newborn lives.

### CAUSES OF NEONATAL DEATH

Newborns die from infection, birth asphyxia, birth injuries, congenital anomalies, and complications of preterm birth. Low birthweight (less than 2,500g) is a significant contributor in 40 to 70 percent of neonatal deaths. Poor maternal nutrition and reproductive tract infections are associated with babies born too small or too soon.<sup>2</sup> Maternal health and decision-making power, as well as access to quality care, are important determinants of newborn health and survival.



SOURCE: Zupan, 2000.

## Before and during pregnancy: Interventions for newborn health and survival



### **BEFORE CONCEPTION WOMEN NEED...**

#### **BIRTH SPACING**

Improve access to family planning. Counsel women and families about newborn and maternal health advantages associated with three-year birth intervals and postponing pregnancy until after age 18. Strengthen women's power to control the timing and circumstances of conception.

#### **NUTRITION**

Promote adequate quantity and quality of food and micronutrient intake, including iron-folate, from infancy to adulthood.

#### **INFECTION CONTROL**

Prevent, identify, and treat or manage infections, especially malaria, HIV, and reproductive tract infections.

### **DURING PREGNANCY EXPECTANT MOTHERS NEED...**

#### **BIRTH PREPARATION**

Support preparation for birth, including quality antenatal care, identification of a skilled attendant, and a contingency plan for emergency transport and care.

#### **NUTRITION**

Facilitate the intake of sufficient calories and protein, plus iron, folic acid, iodine, and other micronutrients.

#### **RISK AVOIDANCE**

Discourage excessive work and exposure to tobacco, alcohol, unnecessary drugs, pesticides, and pollutants.

#### **INFECTION CONTROL**

Prevent and treat or manage malaria, hookworm, tetanus, urinary tract and sexually transmitted infections, including syphilis, gonorrhea, and HIV.

#### **MANAGEMENT OF COMPLICATIONS**

Identify and manage complications, including bleeding and high blood pressure.



## During and after delivery: Interventions for newborn health and survival



### **DURING LABOR AND DELIVERY MOTHERS AND NEWBORNS NEED...**

#### **SKILLED ATTENDANCE**

Provide safe management of normal delivery and timely referral for complications.

#### **SUPPORT AND CARE**

Promote family support and a baby- and woman-friendly environment for birth and maternal and newborn care.

#### **INFECTION CONTROL**

Ensure clean delivery, including clean surface, hands, blade, and cord tie.

#### **MANAGEMENT OF COMPLICATIONS**

Identify and manage complications, including bleeding, high blood pressure, prolonged labor, and fetal distress.

### **FOLLOWING BIRTH NEWBORNS NEED<sup>3, 4</sup> ...**

#### **AIR**

Stimulate and resuscitate infants who are not breathing at birth.

#### **WARMTH**

Dry the baby at birth. Maintain warmth through skin-to-skin contact, warm ambient temperature, and head and body covering. Promote “kangaroo care” for low-birthweight infants.

#### **BREASTFEEDING**

Breastfeed within the first hour after birth. Continue exclusive breastfeeding on demand day and night for six months.

#### **LOVE**

Keep the newborn close to the mother, father, or other caregiver. Keep the mother healthy and alive.

#### **INFECTION CONTROL**

Maintain cleanliness when handling the infant. Keep the cord clean. Provide prophylactic eye care. Promote early and exclusive breast-feeding. Immunize according to schedule. Treat infections promptly.

#### **MANAGEMENT OF COMPLICATIONS**

Recognize and respond urgently to serious and life-threatening conditions.

#### **SPECIAL CARE**

*Babies born too soon or too small need additional support for resuscitation, warmth, feeding, and the management of infection and complications.*

## Design programs that empower women and families to save newborn lives

### COMMUNITY

- Improved self-care, recognition of illness, and use of essential services
- Financing mechanisms to pay for health care
- Arrangements for emergency transport
- Community mobilization and outreach
- Accessible quality services

### *Women and newborns need...*

*Families informed, prepared, and enabled to save lives.*

*Appropriate and quality care at home and in health facilities.*

*Commitment to their health and survival.*

### POLICIES & PROGRAMS

- Evidence-based planning and decision making
- Effective participation and coordination of community, district, and national levels
- Capacity building to sustain effective programs
- Practical protocols and national standards for quality care
- Operations research

### PROVIDERS & FACILITIES

- Adequate equipment and supplies
- Convenient locations with 24-hour access to quality services
- Skilled and compassionate providers
- Family- and baby-friendly facilities
- Strong links to communities
- Capacity to manage life -

For more information, contact the USAID Neonatal Health Working Group (through [scallier@medsproject.com](mailto:scallier@medsproject.com)) and the Family and Community Health Cluster at WHO ([CAH@WHO.int](mailto:CAH@WHO.int) or [RHRpublications@WHO.int](mailto:RHRpublications@WHO.int)). Prepared by Gita Pillai in collaboration with USAID and WHO.

<sup>1</sup> WHO, 2001. *Perinatal and Neonatal Mortality: Global, Regional, and Country Estimates*.

<sup>2</sup> Johns Hopkins University, 1999. *Reducing Perinatal and Neonatal Mortality: Child Health Research Project Special Report*.

<sup>3</sup> WHO, 1996 (Web site modified Jan. 2001). *Essential Newborn Care*.

<sup>4</sup> The inclusion of "love" and "air" are adapted from Budin, 1907. *The Nursling*.

