



Newborn and Child Survival Forum: Multi Stakeholder Meeting for Addressing Newborn Asphyxia in Myanmar

7 March 2014
Nay Pyi Taw, Myanmar



Table of Contents

Acknowledgements.....	1
Abbreviations and Acronyms.....	2
Introduction	3
Objectives and Expected Outcomes	3
Objectives	3
Expected outcomes.....	4
Meeting Overview.....	4
Opening and welcoming remarks.....	4
Technical Presentations	5
Discussion, Recommendations and Way Forward	8
Policy and Advocacy.....	8
National Newborn Resuscitation Training Plan.....	9
Supplies, Procurement and Delivery.....	9
Monitoring, Supervision, Evaluation and Quality Assurance Systems.....	10
Conclusion.....	10
Annexes	11
Annex 1: Agenda.....	11
Annex 2: Scale up map	12
Annex 3: Participant list.....	13

Acknowledgements

The Newborn and Child Survival Forum: Multi Stakeholder Meeting for Addressing Newborn Asphyxia in Myanmar was organized by: the Government of Myanmar, the United States Agency for Development's (USAID) flagship Maternal and Child Health Integrated Program (MCHIP) and the Survive and Thrive Global Development Alliance.

We would like to thank everyone whose special efforts helped to make this conference a success.

This program, meeting and report were made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Leader with Associates Cooperative Agreement GHS-A-00-08-00002-000. The contents are the responsibility of the Maternal and Child Health Integrated Program (MCHIP) and do not necessarily reflect the views of USAID or the United States Government.

Abbreviations and Acronyms

AAP	American Academy of Pediatrics
AMW	Auxiliary midwife
ARI	Acute respiratory infection
BHS	Basic health staff
CBO	Community based organization
CIMNCI	Community integrated management of neonatal and childhood illness
ENAP	Every Newborn: An Action Plan to End Preventable Deaths
ENC	Essential newborn care
FIMNCI	Facility integrated management of neonatal and childhood illness
HBB	Helping Babies Breathe
HMIS	Health Management Information System
ILCOR	International Liaison Committee on Resuscitation
IMR	Infant mortality rate
LDSC	Latter-day Saints Charities
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MMCWA	Myanmar Maternal and Child Welfare Association
MNH	Maternal and newborn health
MNMA	Myanmar Nurse Midwife Association
ORT	Oral rehydration therapy
TT2	Tetanus toxoid 2
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

Implementing comprehensive, evidence-based interventions for both the mother and newborn are essential to improving health outcomes. Effective interventions for improving survival and health of newborn babies makes up one component of integrated health services for reproductive, maternal, newborn, child and adolescent health and are one part of a holistic approach to maternal and newborn health that includes family planning, antenatal, postnatal and newborn care, and management of both normal and complicated pregnancies. Therefore, doctors, midwives and other skilled birth attendants should be trained to recognize newborn asphyxia and provide immediate resuscitation after birth.

Most newborn deaths occur in low- and middle- income countries and three causes account for more than 85 percent of newborn mortality: complications of prematurity, intrapartum-related neonatal deaths – including birth asphyxia – and neonatal infections. Globally each year, birth asphyxia kills 717,000 newborns and in Myanmar, neonatal mortality accounts for 34 percent of the infant mortality rate (IMR).¹ To improve the IMR in Myanmar and strive toward achievement of Millennium Development Goal (MDG) 4, midwives, doctors and other skilled birth attendants should be trained to recognize newborn asphyxia and provide immediate resuscitation after birth through a comprehensive, standardized approach.

Newborn resuscitation is simple and most babies respond with drying and stimulation; bag and mask ventilation is necessary for only a small proportion. The training approach presented for discussion during the multi-stakeholder meeting brings together three key elements for newborn survival: assessment, stimulation and basic resuscitation. It is designed for implementation in low-resource settings, and has been implemented in more than 50 countries around the world.

Objectives and Expected Outcomes

The objectives and expected outcomes of the meeting, as presented by Dr. Yin Thandar Lwin, Director, Public Health, included:

Objectives

- To review the global evidence on management of neonatal resuscitation

¹ Indicators related to Maternal and Child Health by Region/State and Township (2012), Health Management Information System, data presented by Dr. Thet Thet Mu, Director, HMIS, 7 March 2014

- To review existing guidelines and plans for management of neonatal resuscitation in Myanmar
- To identify the way forward to develop strategic micro plan for scaling up neonatal resuscitation

Expected outcomes

- Enhance understanding management of birth asphyxia in HBB package
- Consensus on standardized management guidelines of birth asphyxia in Myanmar
- Agreement on the way forward for scaling up neonatal resuscitation in Myanmar

Meeting Overview

Opening and welcoming remarks

Her Excellency Union Deputy Minister Dr. Daw Thein Thein Htay graciously provided opening remarks. She welcomed guests on her behalf and the behalf of the minister, thanked the meeting organizers and expressed the need to address the neonatal mortality rate in Myanmar. Compared to maternal and child health programs, newborn health programs in Myanmar are not as robust and need to be paid special attention in order meet the MDGs, she said. Newborn death rates have increased and this is partly because better data collection is showing more accurate numbers and the situation is alarming. She commented that “high impact interventions are needed to prevent the senseless deaths of newborns” and management of preterm birth including the use of antenatal corticosteroids, skilled care at birth

and essential newborn care are all important.



Her Excellency Union Deputy Minister Dr. Daw Thein Thein Htay providing opening remarks

The Deputy Minister noted that the proportion of newborn deaths within the first 24 hours is much higher than the rest of the newborn period and all healthcare providers need to know how to perform neonatal resuscitation, especially in rural areas. She encouraged participants to share thoughts freely and contribute to the discussion as this was a golden opportunity to save lives of newborns in Myanmar.

Dr. Lily Kak provided her welcoming remarks. She thanked the ministry of health for hosting the meeting on neonatal resuscitation and recalled that when the MDGs were written in 1990, the goal was to reduce newborn deaths by two thirds. She noted that today, the global discussion has changed and the vision is bolder; this refreshed vision was articulated in the child survival call to action in 2012. Global stakeholders have developed the *Every Newborn: An Action Plan to End Preventable Deaths*, referred to as ENAP. The goal for this plan is to reduce the newborn mortality rate to ten by 2035 and the global average to seven in 2035. This plan is creating a global movement and “everyone has a role and responsibility to reduce preventable newborn death,” said Dr. Kak.

Dr. Kak highlighted that Myanmar had announced a commitment to achieve a neonatal mortality rate of 15 by 2020, and applauded this bold goal. She mentioned that midwives are the backbone of the maternal and newborn health (MNH) program in the country and that it is the intent of the Survive and Thrive Global Development Alliance to partner with and strengthen the Myanmar Nurse Midwife Association (MNMA) and the medical societies for pediatrics and obstetrics/gynecology as midwives need the support of these physician cadres to be able to build capacity. Dr. Kak expressed that the desire of the United States Agency for International Development (USAID) is to work in close collaboration with partners to achieve Myanmar’s goal of ending needless maternal, newborn and child death.

Technical Presentations

The technical presentation portion of the stakeholder meeting was chaired by Dr. Yin Thandar Lwin, Director, Public Health and covered the status of newborn health care in Myanmar, current guidelines for neonatal resuscitation, newborn health indicator data and evidence for the management of birth asphyxia using the Helping Babies Breathe (HBB) package (including hands-on experience).

Dr. Myint Myint Than, Deputy Director, Women and Child Health Development Section, delivered a presentation on the state of newborn health care in Myanmar. She noted that in 2011, Myanmar’s total population was 48.37 million and there were 53,000 reported deaths of children under 5 years of age; 49 percent of these were newborn deaths. Dr. Myint Myint Than reviewed trends in mortality rates in Myanmar and causes of neonatal death, showing that 24 percent of neonatal death is caused by birth asphyxia. She also reviewed national strategies and plans related to newborn health, highlighting the main areas for reaching MDG 4 including: essential newborn care (ENC), community case management of pneumonia and diarrhea, an improved referral system and community capacity development/health behavior change communication.

Challenges identified by the Deputy Director included weak linkage along the continuum of care for MNH, no universal health coverage, weak health system and health information. She then presented a way forward for addressing the challenges and improving newborn health. The components included: scaling up implementation of integrated intervention packages; improving political and social support; ensuring access and availability of equipment, supplies, essential medicine and infrastructure for newborn health in routine and emergency settings; demand generation through community engagement and mobilization; and improving information and data collection.



Dr. Myint Myint Than, Deputy Director, Women and Child Health Development Section, presenting on the state of newborn health care in Myanmar

An overview of the current guidelines of neonatal resuscitation in Myanmar was presented by Professor Dr. Aye Aye Thein, Professor and Head, Neonatal Unit, Central Women’s Hospital. Dr. Aye Aye Thein noted that there are only eight neonatal units in the country and one fourth of the neonatal deaths at her hospital, Central Women’s Hospital in Yangon, are caused by newborn asphyxia. Currently, there is no national resuscitation guideline. At the institutional level, the American Academy of Pediatrics (AAP) textbook is used and at primary and other health care facility points, the World Health Organization (WHO) basic newborn resuscitation guidelines are utilized.

Dr. Aye Aye Thein showed the resuscitation job aids currently in use by providers and explained that resuscitation is taught to be done in steps, with one on specific action step followed by another specific action step. She described that Myanmar is moving from using the WHO ENC reference training manual to a community integrated management of neonatal and childhood illness (CIMNCI) approach; the facility integrated management of neonatal and childhood illness (FIMNCI) is under development.

The next presenter, Dr. Thet Thet Mu, Director, health management information system (HMIS), reported on indicators related to newborn health. She described the flow of data and coverage of antenatal care, skilled birth attendance rate and coverage of postnatal care by region/state in Myanmar. The MNH indicators currently collected through the HMIS in Myanmar

include antenatal care coverage, proportion of birth attended by skilled health personnel, postnatal care coverage, TT2 coverage, stillbirth ratio, abortion rate and maternal mortality ratio. The child health services data collected include neonatal care coverage, oral rehydration therapy (ORT) utilization rate, antibiotic treatment coverage for acute respiratory infection (ARI), measles immunization coverage, low birth weight, early neonatal death rate and under five mortality rate.

Dr. Thet Thet Mu said that although maternal and child health is linked, the data is captured separately. She then described the different priority levels for maternal and child health based on their indicator performance (priority level first, second and third) for each of the townships within each of the regions/states. Based on indicator scoring and prioritization, 56 townships need priority action on both maternal and child health. Finally, Dr. Thet Thet Mu urged a move toward evidence based planning through data utilization.

In the final morning sessions, Professor Dr. Nalini Singhal, AAP, presented the evidence on management of birth asphyxia using the HBB package and led a demonstration, orientation and hands on experience with the group. Dr. Singhal began with the principle of newborn resuscitation, that the hope is “every birth should be attended by an individual who can help the baby- either every baby is crying in the golden minute or someone is helping the baby breathe.” She reviewed the International Liaison Committee on Resuscitation (ILCOR) and WHO evidence base for the HBB resuscitation approach, including the WHO recommendations for using a bag and mask (versus a tube and mask) for positive-pressure ventilation and an easy to clean bulb syringe.

HBB consists of an education curriculum, teaching methodology and action plan and Dr. Singhal walked through these materials and explained the cooperative, paired learning approach and the cascade model training. She described the ratio of facilitator to learner in the HBB methodology is one to six and master trainers can be trained in one to one and one half



Drs. Hnin Wai Hlaing and Kyi Kyi Ohn, MCHIP, orienting one of the small groups to the HBB materials

days, others can be trained in two days' time. Dr. Singhal provided examples of HBB implementation in Tanzania, India, Bangladesh and Nepal, all countries that have introduced and scaled up the package. Each of the meeting participants was then able to see the materials and practice newborn resuscitation on the NeoNatalie® newborn simulator model.

Discussion, Recommendations and Way Forward

The afternoon sessions were chaired by Professor Aye Aye Myint, Professor and Head, Department of Child Health, University of Medicine, Mandalay. Dr. Kyi Kyi Ohn, MCHIP, moderated the discussion on neonatal resuscitation in the context of Myanmar for all of the stakeholders to be able to pose questions based on the information presented that morning. In the discussion, the advantages of the penguin suction (as used in HBB) versus DeeLee mucus trap generated comments concerning cleaning/disinfection, ease of use and cost. The chair announced at the conclusion of the discussion on this issue, based on the consensus of the group, that the penguin suction was preferable.

Dialogue centered around equipment, cost, procurement and training. Representatives of the Latter-day Saints Charities contributed that they have distributed 800 sets of materials to date and are interested in distributing more. A question was posed about cadres of healthcare workers to be considered for training and while it is agreed that skilled cadres should be included, an exception could be made for the auxiliary midwife (AMW) in Myanmar. The group noted that most deaths occur in rural areas and AMWs are the primary birth attendants in rural areas. Dr. Singhal cited an example from Ethiopia where health extension workers, a non-skilled cadre, have been successfully trained in the HBB roll out there.

The lively discussion was brought to a close and a map schematic was introduced by Dr. Neena Khadka, MCHIP, to describe the elements of bringing this intervention to scale and frame the smaller, facilitated group discussions where the stakeholders self-selected by topic. The topics included 1) policy and advocacy, 2) training, 3) supplies procurement and delivery and 4) monitoring, supervision, evaluation and quality assurance. After the group discussion, the stakeholders reconvened to identify recommendations and the way forward. These consensus items are listed by topic area below:

Policy and Advocacy

1. The HBB package will be accepted for Myanmar but it will be called “Neonatal Resuscitation Intervention”
2. The existing Child Health Lead Working Group will be used for planning the scale up of neonatal resuscitation of Myanmar
3. Integrated into CIMNCI and FIMNCI
4. For pre-service education, the current advanced resuscitation package will be continued in medical schools and the new, simplified and updated resuscitation intervention will be implemented for nursing universities, nursing training schools and midwifery schools

5. The simplified, updated neonatal resuscitation intervention will be incorporated into the Auxiliary Midwife Manuals
6. Tertiary level facilities, including districts, will continue with advanced neonatal resuscitation intervention and township and station hospitals will implement the new, simplified and updated neonatal resuscitation intervention
7. Auxiliary midwives will be trained in the simplified neonatal resuscitation intervention
8. The Child Health Lead Working Group will develop a costed plan which will be shared among donors
9. 3MDG would investigate the possibility of supporting this intervention through their midwifery strengthening program. 3MDG may also consider supporting the 42 townships in their current program. 3MDG will consider cost-sharing the master training workshop
10. USAID will consider the possibility of bringing technical experts to conduct national training workshop
11. UNFPA will consider training of INGOs, CBO, midwives and MMCWA. UNFPA will consider supporting bag and mask to the midwives in 89 townships within 7 states and regions
12. LDSC will provide support for trainer resuscitation kits and training in 40 townships over two years

National Newborn Resuscitation Training Plan

1. Cascade training model
 - a. Senior pediatricians and neonatologists
 - b. Junior consultants, specialist assistant surgeons (paed)
 - c. Township medical officer, township health officer, civil assistant surgeon and station medical officer
 - d. Sister, staff nurse, health assistants, lady health visitor, and midwives
 - e. AMW for simplified Neonatal Resuscitation Intervention
 - f. TBA will be trained by simplified Neonatal Resuscitation Intervention
2. Mentoring model:
 - a. Start getting approval for MOH
 - b. Assigned pediatrician lead this system
 - c. Each midwife receives mentoring once a year at the district hospital
 - d. Donor required

Supplies, Procurement and Delivery

1. Establish MOH led integrated procurement plan with UN agencies and other stakeholders

- a. Mapping of donors like UN agency, USAID, 3MDG and private sector
2. Not to create a parallel system but to strengthen the existing supply chain system through the central medical stores depot
 - a. Assignment of the focal person for logistics and supply chain management at every level
3. Inclusion of bag and mask in AMW kit, midwife kit, and essential medicine and equipment list for township and station hospitals

Monitoring, Supervision, Evaluation and Quality Assurance Systems

1. To collect monthly data on neonatal resuscitation e.g.
 - a. total deliveries
 - b. fresh still birth
 - c. asphyxiated and not revived
 - d. asphyxiated but revived and referred,
 - e. Number of BHS trained for ENC
2. To add the new indicators about newborn resuscitation in HMIS systems
3. To strengthen the existing monitoring system in 2 ways
 - a. To strengthen the monitoring and supervision by administrative level (e.g. Township Medical Officer)
 - b. To monitor the performance of midwives by pediatricians
4. Notification of newborn deaths and regular newborn death review and feedback at all levels

Conclusion

The meeting was closed by the chair of the afternoon sessions, Professor Aye Aye Myint, Professor and Head, Department of Child Health, University of Medicine, Mandalay who announced that consensus had been reached to have one standardized “Neonatal Resuscitation Intervention” package to implement and scale up across the country.

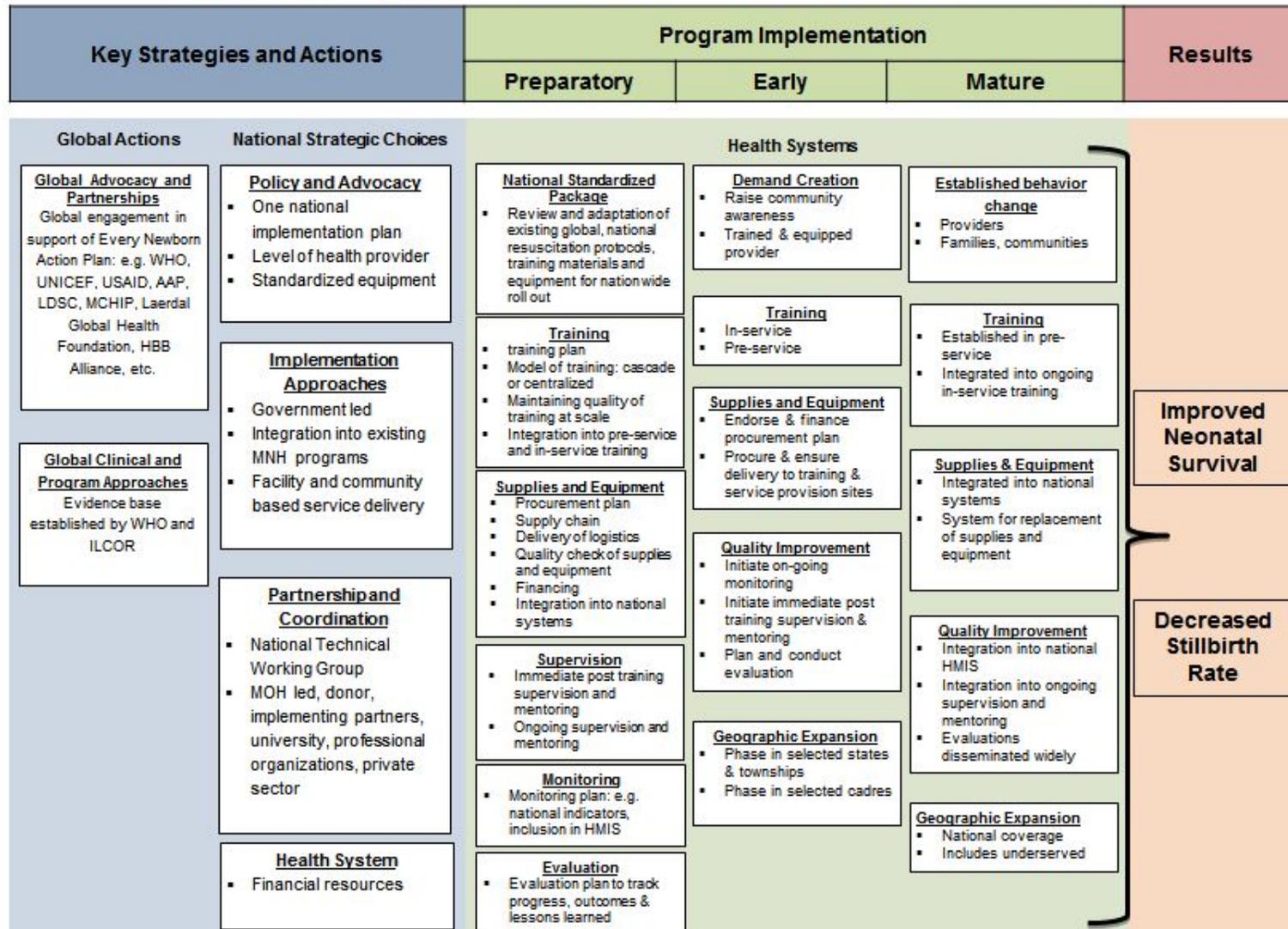
Annexes

Annex 1: Agenda

Time	Description	Responsible Person
07:30 – 08:00	Registration	
08:00 – 08:30	Opening remarks	H.E. Union Deputy Minister Dr. Daw Thein Thein Htay
08:30 – 08:45	Welcoming remarks	Dr. Lily Kak, USAID
08:45 – 09:15	Coffee break	
Chairperson: Dr. Soe Lwin Nyein, Deputy Director General (Public Health and Disease Control), Department of Health		
09:15 – 09:30	Workshop objectives and expected outcomes	Dr. Yin Thandar Lwin, Director (Public Health)
09:30 – 10:00	Newborn health care in Myanmar	Dr. Myint Myint Than, Deputy Director (WCHD)
10:00 – 10:30	Guidelines of neonatal resuscitation at different levels of health system in Myanmar	Professor Dr. Aye Aye Thein, Professor and Head, Neonatal Unit, Central Women Hospital
10:30 – 11:00	Indicators related to newborn health by State/Region/Township	Dr. Thet Thet Mu, Director, HMIS
11:00 – 11:45	Evidence on management of birth asphyxia using the HBB package	Professor Dr. Nalini Singhal, American Academy of Pediatrics
11:45 – 12:15	Orientation and hands on experience on HBB package	Professor Dr. Nalini Singhal, American Academy of Pediatrics
12:15 – 13:15	Lunch break	
Chairperson: Professor Aye Aye Myint, Professor and Head, Department of Child Health, University of Medicine, Mandalay		
13:15 – 14:00	Facilitated discussion on neonatal resuscitation- HBB in the context of Myanmar	All stakeholders Professor Aye Aye Thein, Professor Dr. Nalini Singhal, Dr. Kyi Kyi Ohn (moderator)
14:00 – 15:00	Introduce and discuss key elements for implementation of birth asphyxia interventions in Myanmar	MCHIP and all stakeholders [presentation and group work]
15:00 – 15:30	Coffee break	
15:30 – 16:00	Recommendations and way forward	Professor Dr. Aye Aye Thein, Dr. Myint Myint Than, Deputy Director (WCHD)
16:00 – 16:15	Closing remarks	Professor Aye Aye Myint, Professor and Head, Department of Child Health, University of Medicine, Mandalay

Annex 2: Scale up map

Pathway to Implementation of Newborn Resuscitation At Scale



Annex 3: Participant list

No	Name	Department
1.	Dr. Min Than Nyunt	Director General, DOH
2.	Dr. Than Zaw Myint	Director General, DMS
3.	Dr Htay Aung	Deputy Director General, DTM
4.	Dr. Yin Thandar Lwin	Director (Public Health)
5.	Dr. Nwe Ni Ohn	Director (Planning)
6.	Dr. Myint Myint Than	Deputy Director (WCHD)
7.	Dr. Theingi Myint	Deputy Director (MCH)
8.	Dr. Thuzar Chit Tin	Deputy Director (BHS)
9.	Professor Dr Khin Nyo Thein	Professor/Head, Department of Child Health, UM II
10.	Professor Dr Aye Aye Myint	Professor/Head, Department of Child Health, UM Mandalay
11.	Professor Dr Yee Yee Khin	Professor/Head, Department of Child Health, UM Magway
12.	Professor Dr Aye Aye Thein	Professor/Head, Department of Neonate, CWH
13.	Dr Phyu Phyu Oo	Senior Consultant, Neonatal Unit, Yankin Children Hospital
14.	Dr Nilar Aung	SC Pediatrician, Mandalay
15.	Dr Khin Thant Sin	Consultant Pediatrician, Mandalay
16.	Professor Dr. Mya Thida	Professor/Head, Department of Obstetrics and Gynaecology, CWH
17.	Dr. Khin Moe Thwe	THO, Kayin
18.	Dr. Su Su Khaing	THO, Mon
19.	Dr Min Min Than	Assist: Pediatrician, Taungyi
20.	Dr. Daw Sanda	Regional Officer, MNCH, Regional Health Department, Yangon
21.	Dr Gyi Seng Taung	Deputy Regional Health Director, Mandalay
22.	Dr Nyan Htun Oo	Deputy Regional Health Director, Bago
23.	Dr Win Lwin	Deputy Regional Health Director, Sagaing

24.	Daw Myint Myint Thein	Nursing Officer
25.	Dr. Nwe Nwe Khin	Director, Department of Medical Science
26.	Dr. Sai Win Zaw Hlaing	Deputy State Health Director, Shan South
27.	U Win Aung	Staff Officer
28.	U Thaw Zin	Deputy Officer
29.	U Naing Myo Kyaing	PSO
30.	Dr Hla Myat Thway Eindra	Deputy Director (HE), DOH
31.	Dr Su Su Lin	AD (SH)
32.	Dr Thida Lwin	AD (WCHD)
33.	Dr Thet Thet Mu	Driector (DHP)
34.	Dr Zaw Myo Aung	AD (WCHD)
35.	U Noel	President, MHAA
36.	Dr Myo Min Oo	MO, MMCWA
37.	Daw Yi Yi Htay	Secretary, MNMA
38.	Dr Narimal	Consultant, WHO
39.	Mandy Hovland	MCHIP
40.	Angeline Fujioka	ACNM
41.	Nalini Signhal	AAP
42.	Neena Khadka	MCHIP
43.	Lily Kak	USAID
44.	Dr. Hnin Wai Hlaing	TA, Jhpiego
45.	Dr. Aung Zaw Lin	PA, Save The Children-Myanmar
46.	Dr. Hla Hla Aye	UNFPA
47.	Dr. Nabila Zek	UNICEF, BKK
48.	Gaston	EMW
49.	Danica Kumarr	EMW, YGN
50.	Dr Kyu Kyu Khin	WHO
51.	Dr Wai Wai Lwin	TC, Pact Myanmar
52.	Dr. Khin Win Thet	Director (Medical Care), DOH
53.	Hlaing Min Swe	Sr Program Specialist, MSI
54.	Dr Sara	Health Specialist, UNICEF
55.	Dr Zaw Win	Deputy Director General, FDA
56.	Dr Kyi Kyi Ohn	Head of Program, SC

57.	Dr Wunna Htay	MNCH Manager, JSI
58.	Dr Cynthia Tin Oo	Consultant, JSI
59.	Dr Hnin Kalyar Kyaw	Technical Specialist, Burnet Institute
60.	Dr Win Htay Aung	Deputy Director General
61.	Dr Than Htwe	Program Manager
62.	Charlotte Chris	Technical Officer, WHO
63.	Dr Haymore	CD, LDSC
64.	Bonnie Haymore	CD, LDSC
65.	Dr Khin Maung Win	President, CDA
66.	Dr Ko Ko Maw	Executive Director, MMCWA
67.	Dr Panna Erasmus	MNCH Specialist, 3 MDG
68.	Dr Khin May Oo	Consultant , Jhpiego
69.	Dr Kyaw Kyaw Cho	Program Manager