



**DISEASE CONTROL  
PRIORITIES PROJECT**



# **Newborn Survival**

## Overview of main messages

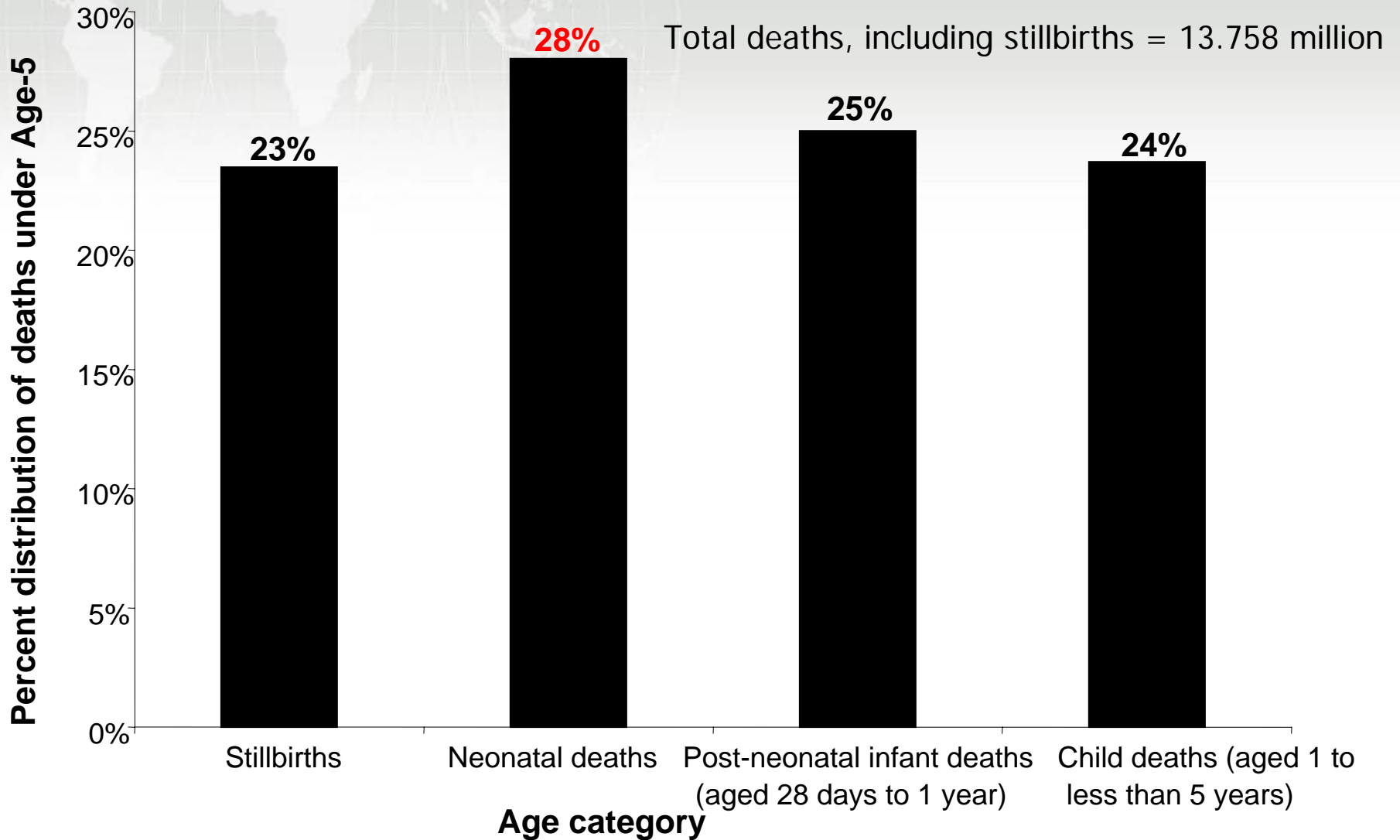
**Sonbol Shahid-Salles, DCPP**

Directors' Joint Consultative Committee Meeting  
Arusha, Tanzania  
July 25 – 28, 2006

**INVESTING IN GLOBAL HEALTH** "BEST BUYS" AND PRIORITIES FOR ACTION IN DEVELOPING COUNTRIES

[www.dcp2.org](http://www.dcp2.org)

# The Age Distribution of Deaths Under Age-5, Low- and Middle-Income Countries, 2001

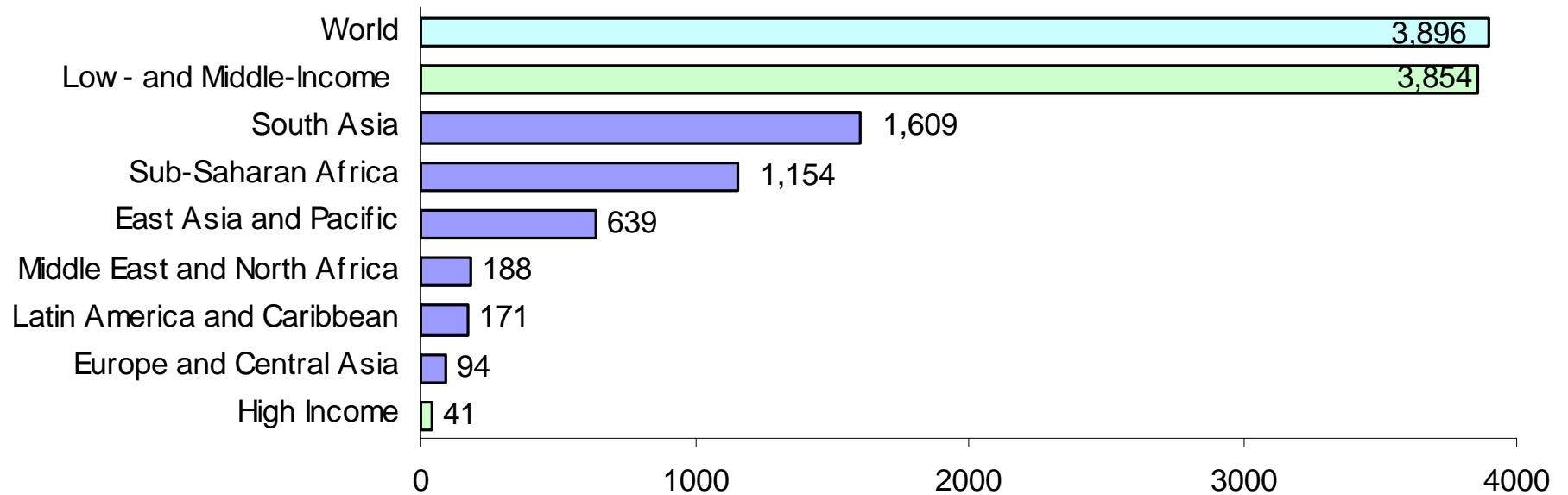


D. T. Jamison, et al, 2006 in *Global Burden of Disease and Risk Factors*



Despite the existence of effective and inexpensive interventions, more than 4 million newborns die each year.

Number of Neonatal Deaths (thousands), 2001



# When do newborns die?

- 3 million newborns die in first 7 days of life (approx 75% of all newborn deaths)
  - Nearly 1 million of these deaths occur in 1<sup>st</sup> day of life
  - 2 million die during next 6 days
- 1 million die between 7 – 28 days

# Where do newborns die? (In Africa)

- African nations with highest neonatal death numbers are:
  - Nigeria (247,000)
  - Ethiopia (147,000)
- Highest neonatal mortality rates (NMRS) are:
  - Liberia (65 per 1,000 live births)
  - Sierra Leone (60 per 1,000 live births)
  - Mozambique (55 per 1,000 live births)

# Neonatal mortality rates (NMRs) in ECSCA countries – per 1,000 live births

Kenya – 29.2

Swaziland – 37.8

Lesotho – 28.4

Tanzania – 43.5

Malawi – 39.8

Uganda – 31.5

Mauritius – 11.6

Zambia – 40.1

Seychelles – 8.7

Zimbabwe – 32.8

# Primary causes of neonatal deaths

- Infections (36 percent)
- Preterm birth (28 percent)
- Birth asphyxia (23 percent)
  - Low birthweight is also a risk factor (weight < 2500 grams)



# Important determinants of Newborn Survival

- Maternal health and health care

Affected by female health through life cycle: from child, through adolescence and into pregnancy.

# Addressing Neonatal Mortality requires links with continuum of care from maternal health

- Through pregnancy
- Childbirth
- Early neonatal care
- Child Health Programs

Can be achieved at family-community level, outreach and via clinical services

# Essential newborn care at time of birth

*Provided by a trained birth attendant (TBA),  
if possible*

- Cleaning, drying and warming infant
- Initiating exclusive breastfeeding early
- Caring for the umbilical cord

# Basic newborn resuscitation

*Approx. 5 – 10 percent of newborns do not breathe on their own*

- Self-inflating bag, masks and air (< US\$5) can resuscitate newborns without oxygen.

Increasing coverage globally remains issue

# Extra care for small babies

*Due to 60 – 80 percent of newborn deaths in LBW babies*

- Extra care at home especially feeding, warming and cleanliness.
  - **Example – kangaroo mother care**

Can reduce mortality by 25 to 42 percent

# Emergency care for ill newborns

*Emergencies, resulting from preterm birth, asphyxia and **infections** can be treated*

- Utilize proper hygiene to prevent infection
- If infection arises, injected antibiotics should be used (US\$5.30 per newborn treated)

Antibiotics can reduce mortality by >25 percent

# Ensure healthier mothers and children

*Up to 40 percent of neonatal deaths could be averted with home and community-based solutions*

- Keep newborns dry, warm and clean.
- Breastfeed regularly.
- Extra care for small babies.
- Use proper hygiene (prevents infection).
- Treat infections with antibiotics.

**Achieving MDG4 can become a reality!**

# Steps to Increase Coverage of Key MNCH Interventions

## 1. **Assess situation & Advocate for Action for Newborn Health**

- Include in general health sector and public sector funding
- Set targets for reducing NMRs
- Involve homes, communities, and health systems
- Ensure govts and global policy makers provide supportive policy & resources

## Steps to Increase Coverage of Key MNCH Interventions (continued)

### **2. Add Newborns to IMCI Programs**

- include illnesses in 1<sup>st</sup> week of life
- utilize outreach services to achieve higher coverage
- improve coordination between auxiliary nurse-midwives and community health workers

## Steps to Increase Coverage of Key MNCH Interventions (continued)

### **3. Phase Systematic Scaling Up of Newborn Care**

- community services can be used while professional care is being strengthened

### **4. Monitor coverage & Measure Effect and Cost**

- Govts must report findings, coverage and outcomes
- Donors (where involved) must hold govts accountable