

# Saving Newborn Lives

*Among all children, newborns have the highest risk of death. More than 40 percent of deaths in children occur in the first month of life.<sup>3</sup>*

*Basic public health interventions can prevent both the deaths of newborns and their mothers. The same 10 countries (India, Nigeria, Pakistan, China, DR Congo, Ethiopia, Bangladesh, Indonesia, Afghanistan, Tanzania) account for roughly 2/3 of all stillbirths and newborn and maternal deaths.<sup>2</sup>*

# 3.1 million newborn deaths: why, when, where?



INDIA: Community health worker Sangita (left) gives advice and performs health check ups on new mother Vaishali and her 13 day old baby in their home.

Photo Credit: Andy Hall/The Observer

In many communities around the world, children are not named until they survive the first month of life (the neonatal, or newborn, period). Globally, 3.1 million newborns die each year, and 2.6 million babies are stillborn.<sup>1,2</sup> Four out of five newborn deaths result from three preventable and treatable conditions: preterm birth, infections and intrapartum-related complications (“birth asphyxia”).<sup>3</sup> Ninety-eight percent of newborn deaths take place in low- and middle-income countries with weak health systems.<sup>3</sup> In these settings, 60 million women give birth outside of a health facility, usually at home; 52 million without the assistance of a skilled birth attendant.<sup>4</sup>

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The risk of newborn death is highest during childbirth and directly afterwards: almost half of all newborn deaths occur in the first 24 hours of life, and 75 percent occur in the first week.<sup>5</sup>

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As progress is made in addressing childhood illnesses, newborn deaths make up a growing percentage of child deaths. Quality care at birth is critical to avert the deaths of mothers, newborns and stillborn babies. After delivery, common conditions and illnesses can turn deadly without timely, basic and low-cost care, including warmth, hygiene, early and exclusive breastfeeding, antibiotics, and neonatal resuscitation. While families can be counseled on practicing healthy behaviors at home to avert illness, a range of health workers can also prevent and manage newborn complications by providing care through home visits and at facilities.

## The Saving Newborn Lives program

For more than a decade, Save the Children’s Saving Newborn Lives (SNL) program—a globally recognized leader in newborn health and respected voice in countries—has sought to reach the world’s most vulnerable newborns and help them survive the first month of life. Since 2000, SNL has worked to put newborn health on the global map, catalyzing efforts of governments, multilateral and bilateral agencies, non-governmental organizations, research institutions and professional associations to reduce newborn deaths.

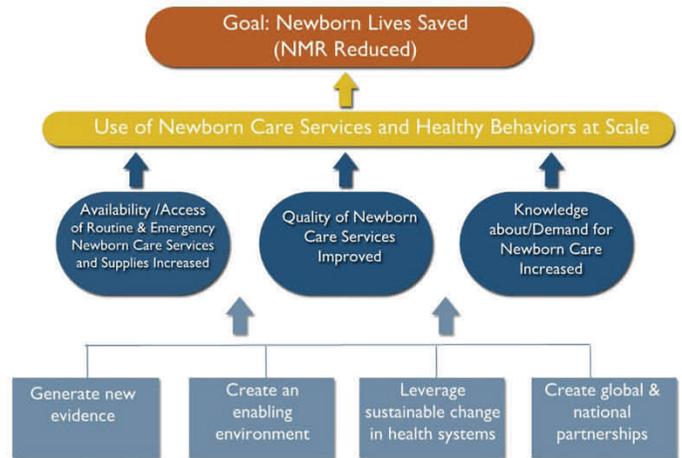
SNL seeks to reduce global neonatal mortality by providing catalytic inputs to develop packages of effective, evidence-based newborn care interventions and to implement these innovations at scale. To accomplish this goal, SNL generates evidence and advocates to leverage increased availability and access to routine and emergency newborn care services and supplies, improved quality of newborn care services, and increased knowledge about and demand for newborn care.

Ensuring quality programs reach mothers and newborns involves interactions at national, regional and global levels. Working alongside valued partners, ministries of health and national stakeholders, SNL provides technical leadership, advocacy, and measurement support and facilitates partners, governments and international organizations to maintain the cycle of evidence generation, consensus building, policy formulation and guidance, and program implementation and learning. Using these key entry points, SNL is the voice for newborns at global, regional and national levels.

# SNL Approach

SNL catalyzes the implementation of effective newborn health interventions at scale by:

- *generating evidence around newborn health* including conducting locally-owned implementation research through existing health systems to answer “how-to” questions about enhancing frontline worker effectiveness and engaging communities;
- *fostering and enabling environments* with favorable policies, programs and systems by building consensus on technical issues, translating and disseminating data and research, and using epidemiological, evaluation and cost data for national decision-making;
- *leveraging sustainable change in health systems* by ensuring implementation of evidence-based newborn care, and improving technical leadership and facilitation to implement and integrate newborn care into national health plans and budgets, job descriptions, provider training, curricula, behavior change communications, supervision, quality assurance and monitoring; and
- *forming and working through partnerships to build consensus* around taking actions for newborns, reinforced through the identification and development of champions who interact with government, stakeholders and national donors.



## Accomplishments

Efforts to improve newborn health are working. SNL has used data for action, built consensus on newborn interventions and packages and has helped bridge the gap between research, policy and implementation. SNL has contributed to an understanding of what can be done affordably and sustainably to save newborn lives at scale in low resource settings. Through work with national governments, it has learned how newborn care can be integrated into existing national maternal and child health (MCH) systems and programs.

### Improving understanding about the causes and burden of newborn mortality

In 2005, SNL co-led The Lancet neonatal series, a landmark publication which captured international attention for newborn survival, providing data on the numbers and causes of newborn death to shed light on previously undocumented and poorly understood areas of newborn mortality, and delineate opportunities for countries to incorporate newborn care into existing systems.<sup>6</sup>

SNL has advanced global data including annual estimates of neonatal mortality rates and causes of neonatal death and has made progress on developing and achieving consensus on indicators to measure coverage of newborn care. SNL has taken a lead role in the first ever country-cleared UN estimates of stillbirth rates, as published in the 2011 Lancet Stillbirth Series.

### Building awareness and mobilizing action for newborn health

SNL has published and disseminated over 225 peer-reviewed publications and over 150 technical and policy briefs, training manuals, guidelines, and

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SNL has made significant progress for newborn survival, increasing commitment and action at global and national levels, mobilizing resources for newborn health, and placing the newborn on global and national agendas.

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**BANGLADESH:** 22 year old Meena holds her 7 day old newborn, Barsha, who was delivered at home by a worker trained in safe delivery and newborn care practices.

Photo Credit: David Greedy/Save the Children

books to increase awareness, build the knowledge base, and spawn action for improving newborn health.

In 2009, SNL launched the first online network solely dedicated to improving newborn health around the world, the Healthy Newborn Network, which brings together newborn health stakeholders from around the globe, promotes partners working in newborn health and provides information about key newborn health issues.

In 14 countries, SNL catalyzed and supported country-owned neonatal situation analyses that influenced national policy and program investment and implementation.

### Improving knowledge of what works to save newborn lives

Through the findings of over 60 research studies, SNL has helped inform global guidelines and standards for specific interventions, newborn care packages, and practical ways to strengthen the continuum of care for mothers, newborns, and children.

Through its research, SNL has built awareness that simple solutions for the three most common causes of newborn death – infection, preterm/low birth weight, and intrapartum-related complications (“birth asphyxia”) – could be feasibly delivered at the community level and have impact in low resource settings. SNL is working to answer priority “what” and “how” questions, including those related to integration of newborn health into existing programs and health systems at scale.

### Influencing newborn policies, guidelines and large-scale programs

SNL has convened global partnerships and built consensus at the global level around critical interventions, such as in the *UN Joint Statement on Home Visits for the Newborn Child*,<sup>7</sup> which has been used to change policies in several countries and regions (Bangladesh, Pakistan, Nepal, Indonesia, Malawi, Latin America and the Caribbean) and influence how programs and services are delivered.

## Evidence for Community-based Newborn Care

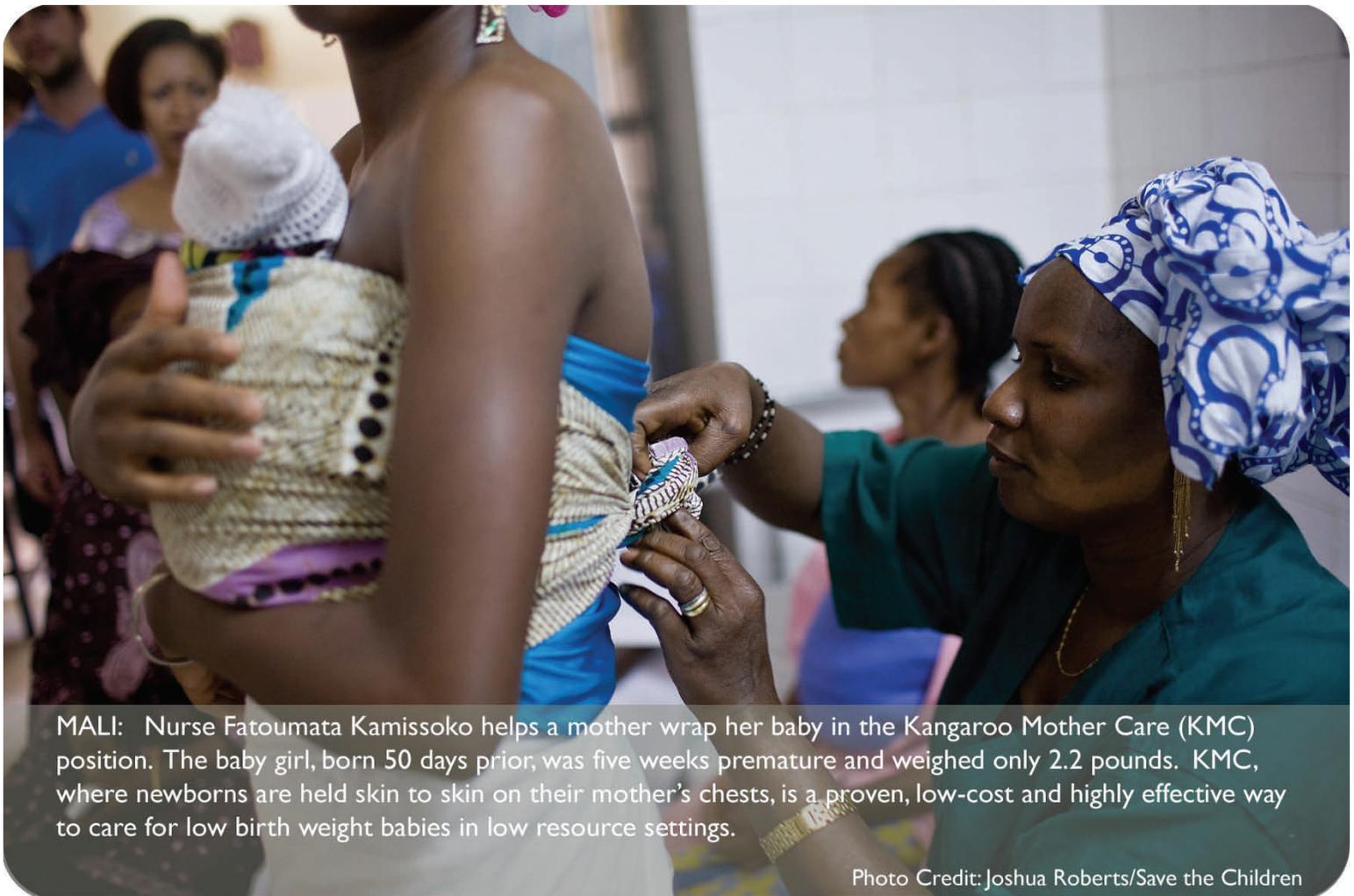
SNL supported the replication of the landmark SEARCH study in India, which demonstrated that providing home-based newborn care could dramatically reduce newborn mortality, to determine if the home-based newborn care (HBNC) model could work in other low-resource settings and be taken to scale.

<i>Replication of SEARCH in India</i>	<i>Replication in Bangladesh</i>	<i>Preventive care alone in India</i>	<i>Government model in Pakistan</i>
Ankur, 2001—2005	Projahnmo, 2001—2006	Shivgarh, 2003—2006	Hala, 2006—2008
HBNC replicated in 7 rural urban and tribal districts	HBNC replicated in Sylhet district	HBNC with community mobilization and behavior change communication only	HBNC through existing Community Health Worker system (preventive care with referral)
<b>51% NMR reduction<sup>8</sup></b>	<b>34% NMR reduction<sup>9</sup></b>	<b>54% NMR reduction<sup>10</sup></b>	<b>15-20% NMR reduction<sup>11</sup></b>

## Examples of Current SNL Research

SNL is supporting over twenty research studies to determine how proven packages of newborn care interventions can be sustainably delivered at scale through existing health systems.

<i>Study</i>	<i>Dates</i>	<i>Design</i>	<i>Intervention</i>	<i>Outcomes</i>
<b>Nepal</b> , Community-based Newborn Care Package	2007—2011	Operations research	Preventive care delivered by Female Community Health Volunteers with referrals to strengthened health facilities in 10 districts	Coverage, Practices
<b>Pakistan</b> , Naushero Feroze Neonatal Survival Package	2008—2012	Cluster randomized trial	Preventive care delivered by Lady Health Workers with referrals to strengthened health facilities and curative care in 1 district	NMR, coverage, practices
<b>Uganda</b> , Improving Neonatal Care in Uganda: Adapting Evidence-based Interventions and Integrating Maternal and Newborn Community Care for Scale Up (UNEST)	2007—2012	Cluster randomized trial	Preventive care delivered by Community Health Workers with referral to strengthened health facilities in 2 districts	Coverage, practices
<b>Malawi</b> , Community-based Maternal and Newborn Care Program	2007—2012	Operations research	Preventive care delivered by Community Health Workers with referrals to strengthened health facilities in 3 districts	Coverage, practices

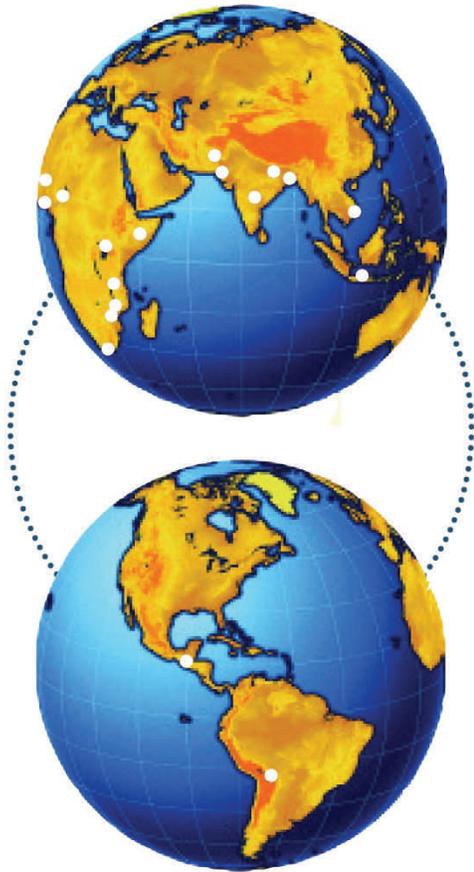


**MALI:** Nurse Fatoumata Kamissoko helps a mother wrap her baby in the Kangaroo Mother Care (KMC) position. The baby girl, born 50 days prior, was five weeks premature and weighed only 2.2 pounds. KMC, where newborns are held skin to skin on their mother's chests, is a proven, low-cost and highly effective way to care for low birth weight babies in low resource settings.

Photo Credit: Joshua Roberts/Save the Children

# Operations

## Where we work



AFRICA: Ethiopia, Ghana, Malawi, Mali, Mozambique, Nigeria, South Africa, Tanzania, Uganda

ASIA: Afghanistan, Bangladesh, India, Indonesia, Nepal, Pakistan, Vietnam

LATIN AMERICA: Bolivia, Guatemala

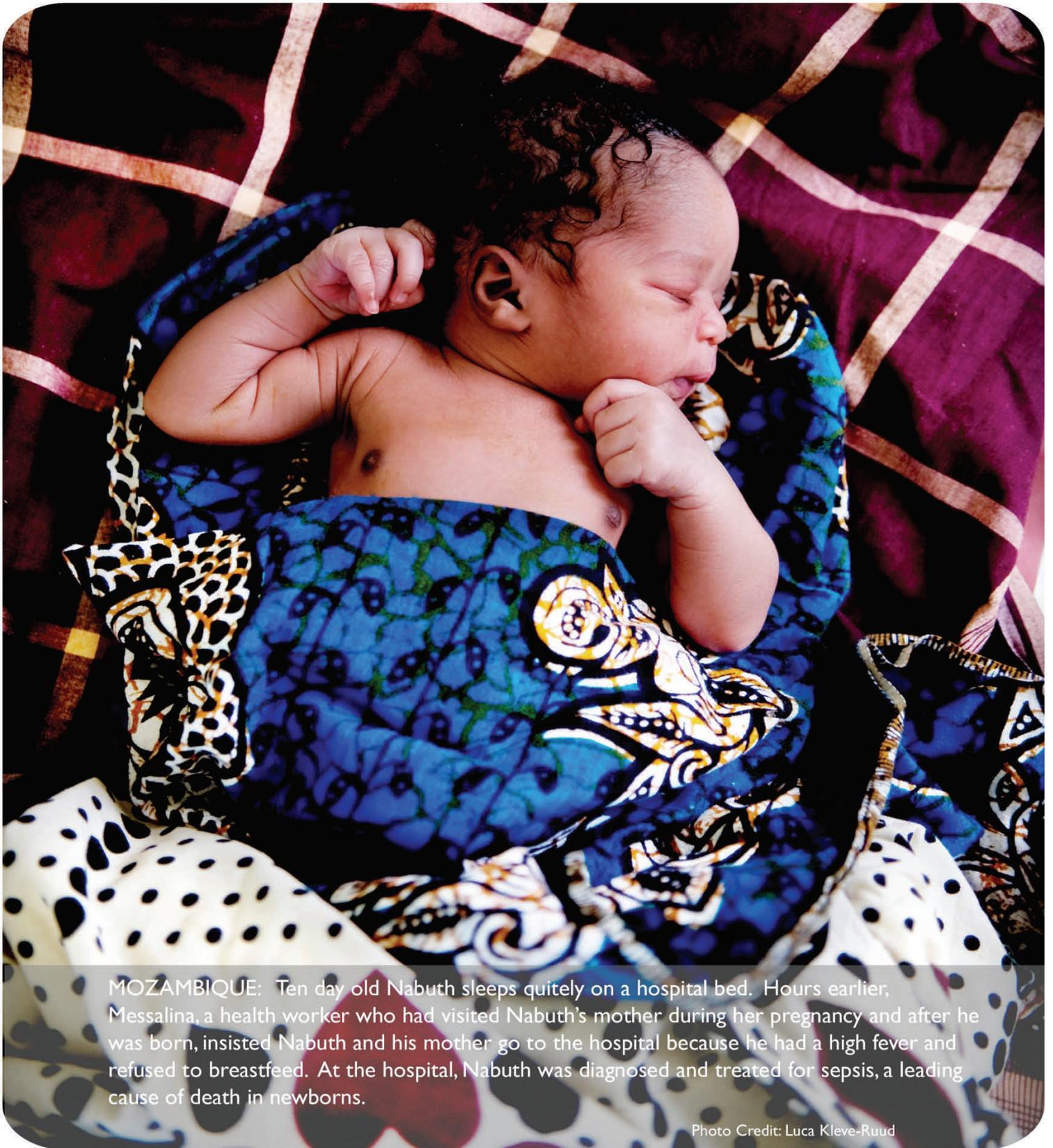
Recognizing the relative lack of international attention and commitment to newborn survival, the Bill & Melinda Gates Foundation awarded Save the Children a \$50 million, five-year grant in 2000 to reduce neonatal mortality. The first phase of the SNL program (2000-2005) implemented programs in 12 countries where half of the world's newborn deaths occurred. In 2006, Save the Children received \$60 million in additional funding for SNL from the Bill & Melinda Gates Foundation to adapt and expand effective models for delivering newborn care in 18 countries.

SNL is led by world-renowned newborn health experts and advocates. It maintains technical and operations staff headquartered in Washington DC, regionally-based technical staff in Africa, Asia and Latin America and country-based staff including Program Managers who lead comprehensive country programs.

Save the Children is the leading independent organization creating change for children in need, with programs in 120 countries. SNL provides technical leadership for newborn health within Save the Children and is part of a growing portfolio of newborn health programs and initiatives within the organization including the global USAID-funded Maternal Child Health Integrated Program (MCHIP), as well as numerous Community Case Management (CCM) and Emergency Health and Nutrition programs and the EVERY ONE campaign.

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MOZAMBIQUE: Ten day old Nabuth sleeps quietly on a hospital bed. Hours earlier, Messalina, a health worker who had visited Nabuth's mother during her pregnancy and after he was born, insisted Nabuth and his mother go to the hospital because he had a high fever and refused to breastfeed. At the hospital, Nabuth was diagnosed and treated for sepsis, a leading cause of death in newborns.

Photo Credit: Luca Kleve-Ruud



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