



EVERY WOMAN
EVERY CHILD

Every Newborn Action Plan

Communications Pack



World Health
Organization

unicef 



COMMITTING TO CHILD SURVIVAL
A PROMISE RENEWED

HOW TO USE THIS COMMUNICATION PACK

This *Every Newborn* action plan (ENAP) Communications Pack content is designed to help raise the key issues and profile of newborn and maternal health with opinion-makers and key media all of which will help support on-going advocacy initiatives. This communications pack is a guide, so please feel free to choose the content that works best for you and adapt as needed.

Along with an overview of history, policies and key messages surrounding the ENAP, this communications pack provides adaptable templates for communications efforts, letters to opinion leaders and editors with references to further resources. This kit is designed to inform a broad audience and galvanize support for the ENAP.

EVERY NEWBORN: AN ACTION PLAN TO END PREVENTABLE DEATHS

THE CHALLENGE

Remarkable progress has been made in recent decades to save the lives of women and children and achieve Millennium Development Goals 4 and 5. Unfortunately, newborn survival is lagging behind. Globally, nearly 3 million babies die in the first month of life and 2.6 million babies are stillborn each year. Newborn deaths now account for 44% of all deaths among children under the age of 5. Additionally, 289,000 women die annually from complications during pregnancy and childbirth.

Women and babies are at the greatest risk of death and disability in the hours just before and immediately after childbirth. More than 80% of all newborn deaths and stillbirths result from three preventable and treatable conditions – complications due to prematurity, intrapartum-related deaths (including birth asphyxia), and neonatal infections. Cost-effective, proven interventions are available to protect women and children and prevent and treat the main causes of newborn death. Investing an additional US \$1.15 per person in 75 high-burden countries will have a triple impact – saving 3 million women, stillbirths and newborns by 2025.

Newborn health and stillbirths continue to be the “unfinished business” of Millennium Development Goals for women’s and children’s health—and demand greater visibility in the emerging post-2015 sustainable development agenda. In response to the United Nations Secretary-Generals’ *Global Strategy for Women’s and Children’s Health* (2010) with the *Every Woman Every Child* initiative and recommendations made by the Commission on Information and Accountability for Women’s and Children’s Health (2011) and the United Nations Commission on Life Saving Commodities for Women and Children (2012), many national governments and partners are in the process of renewing their commitments to saving newborn lives and preventing stillbirths.

KEY FACTS & FIGURES

- Globally, nearly 3 million babies die in the newborn period (during the first 28 days of life) and 2.6 million babies are stillborn each year; 289,000 women die annually from complications during pregnancy and childbirth.
- More than 44% of stillbirths (1.2 million), 73% of newborn deaths (2 million) and 61% of maternal deaths (176,290) occur around the time of labour and delivery and the first few days of a baby’s life. Over 80% of neonatal deaths are in small babies (preterm or small for gestational age) in the highest burden settings.
- As progress has been made in addressing childhood illnesses, newborn deaths now account for 44% of all deaths among children less than 5 years of age.
- Ten percent of the global disease burden is related to newborn conditions.
- Progress for newborns needs to speed up. The current annual rate of decline for newborn mortality (2.0%) is significantly lower than for older children under-five (3.4%) and far less than the 4.4% required to achieve MDG 4 and the 5.3% required to achieve the goal set in *A Promise Renewed*.

THE PLAN

Every Newborn: an action plan to end preventable deaths is a roadmap for change. The plan brings together the latest evidence on effective interventions to set a clear vision for how to improve newborn health and prevent stillbirths by 2035. The plan focuses on ensuring that all women and children receive quality care around the time of birth and that special care is provided to the most vulnerable newborns, those that are small and sick. *Every Newborn* will launch at the Partners' Forum in Johannesburg, South Africa in June 2014.

Strategic objectives of the ENAP:



Strengthen and invest in care during labour, birth and the first day and week of life. A large proportion of maternal and newborn deaths and stillbirths occur within this period, but many deaths and complications can be prevented by ensuring high-quality essential care to every woman and baby during this critical time.



Improve the quality of maternal and newborn care. Substantial gaps in the quality of care exist across the continuum for women's and children's health. Many women and newborns do not receive quality care even when they have contact with a health system before, during and after pregnancy and childbirth. Introducing high-quality care with high-impact, cost-effective interventions for mother and baby together – delivered, in most cases, by the same health providers with midwifery skills at the same time – is key to improvement.



Reach every woman and newborn to reduce inequities. Having access to high-quality health care based on need without suffering financial hardship is a human right. Robust evidence for approaches to ending preventable newborn deaths is available and, if applied, can effectively accelerate the coverage of essential interventions through innovations and in accordance with the principles of universal health coverage.



Harness the power of parents, families and communities. Engaged community leaders and workers and women's groups are critical for better health outcomes for women and newborns. Education and empowerment of parents, families and communities to demand quality care and improve home care practices are crucial.



Count every newborn through measurement, programme-tracking and accountability. Measurement enables managers to improve performance and adapt actions as needed. Assessing outcomes and financial flows with standardized indicators improves accountability. There is a need to improve metrics globally and nationally, especially for birth outcomes and quality of care around the time of birth. Every newborn needs to be registered and newborn and maternal deaths and stillbirths need to be counted.

TAKE ACTION

All stakeholders have a role to play in preventing newborn deaths. There is a clear link between the health and survival of newborns and the health and nutrition of women before, during, between and after pregnancies. We know the main causes of stillbirths and newborn deaths and we have the knowledge and tools to prevent them.

It is critical for national governments and partners to prioritize quality care at the time of birth for women and newborns in the post-2015 sustainable development agenda and include indicators for newborn mortality and stillbirths. A healthy society is one in which women and adolescent girls, newborns and children survive and thrive.

By committing to work together as a global community to take the specific actions outlined in the ENAP, we can achieve the vision of a world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential – and in doing so create equitable societies and transform human development.

KEY MESSAGES

Main Message

More than 3 million babies and women could be saved each year through investing in quality care around the time of birth and special care for sick and small newborns. Cost-effective solutions are now available to protect women and children from the most dangerous day of their lives – the day of birth.

Unfinished Business

Newborn health and stillbirths prevention were not part of the Millennium Development Goals and thus are a major part of the ‘unfinished business’ for women’s and children’s health, and need greater visibility in the emerging post-2015 sustainable development agenda.

- Progress on reducing neonatal mortality and stillbirths have lagged behind, due to less attention and lack of investment.
- Neonatal mortality and stillbirths needs to be included as key indicators in the post-2015 goals if we are to see real change.
- Newborn and maternal mortality and intrapartum stillbirths are sensitive markers of a health system’s response to their most vulnerable citizens.
- Adverse birth outcomes are the biggest drain on human capital due to death and disability. Too many children fail to reach their potential due to death, disability or stunting, often because they are born too small or too soon.

Causes & Solutions

- **Main causes of newborn deaths are known.** More than 80% of all newborn deaths and stillbirths result from three preventable and treatable conditions – complication due to prematurity, intrapartum-related deaths (including birth asphyxia) and neonatal infections.
- **Cost-effective, proven interventions exist** to prevent and treat each main cause. Universal coverage of quality of care at birth would save the most newborn and maternal lives and prevent stillbirths, and requires educated and equipped health workers, including those with midwifery skills, and essential commodities, e.g. resuscitation devices.
- **Sick and small newborns need to be identified and provided with special care**, such as Kangaroo Mother Care.
- **Women need quality care** before conceiving, during pregnancy and after birth. We must do better at supporting families to care for their babies.

Investment

Women’s and children’s health is a smart investment, particularly with specific attention to care at birth.

- Investment in care at birth reduces stillbirth, maternal and newborn deaths.
- The right investment, research and innovation can help improve delivery of health services and discover new solutions to prevent preterm birth and other causes of maternal and newborn death.

FREQUENTLY ASKED QUESTIONS

WHAT IS THE EVERY NEWBORN ACTION PLAN (ENAP)?

ENAP is a roadmap to save 3 million lives of newborns, women and stillbirths each year by improving quality care at the time of birth, and support for small and sick babies. The plan unites all stakeholders and drives the development and implementation of coordinated action, advocacy and accountability to improve maternal and newborn health outcomes.

The plan advances the UN Secretary-General's *Global Strategy for Women's and Children's Health* by focusing specific attention and identifying actions for improving maternal and newborn survival, health and development.

ENAP is based on a clear understanding of existing bottlenecks to progress in high-burden countries, and brings together this knowledge with the latest global available knowledge on effective interventions and delivery approaches, enabling policymakers and program managers to take action to accelerate progress. It sets out a clear vision, supported by mortality targets for 2035 – to support the *Committing to Child survival: A Promise Renewed* target – and 2030 – the new target date for emerging post-2015 development goals – by outlining strategic actions, innovations and opportunities, sharing evidence on costs and impact of interventions, and setting out roles for all actors.

ENAP strengthens and builds upon the implementation of existing commitments to *Every Woman Every Child*, supports the recommendations of the United Nations Commission on Lifesaving Commodities for Women's and Children's Health and the United Nations Commission on Information and Accountability for Women's and Children's Health, links to the goals of *A Promise Renewed*, the Family Planning 2020 initiative, and other global action plans such as those on nutrition, vaccines, malaria, pneumonia, diarrhoea, water and sanitation, and elimination of mother-to-child transmission of HIV, syphilis and tetanus.

WHY HAS EVERY NEWBORN BEEN CREATED?

Newborn deaths now account for at least 44% of all deaths among children under age five globally, resulting in 2.9 million deaths annually. In addition, 2.6 million babies die in the last 3 months of pregnancy or during childbirth (stillbirths) and 289,000 women die from complications of pregnancy and childbirth. The average annual rate of decline of newborn mortality is 2%, and much slower than progress for under-5 and maternal mortality. Improving the quality of care at the time of birth for women and children is an essential part of accelerating progress.

We have the knowledge and tools to prevent at least two-thirds of newborn deaths. Active effectively on that knowledge, rapid progress is possible, especially when applying a systematic strategy that appropriately links key interventions across the continuum of care, from pre-pregnancy care through to the postnatal period, underlining the inherent connections between reproductive, maternal, newborn and child health.

Every Newborn envisions a world in which there are no preventable newborn deaths or stillbirths, where every pregnancy is wanted, every birth is celebrated, and women, babies and children survive, thrive and reach their full potential.

WHO IS THE EVERY NEWBORN ACTION PLAN FOR?

ENAP involves all stakeholders who can make a difference for newborn health and the health of women and children more broadly. Foremost, it aims to support government leadership and the actions of policymakers and program managers and provides technical guidance to inform the sharpening of existing health sector plans and reproductive, maternal, newborn and child health (RMNCH) strategies, if required. Key partners also include health professional associations, academic institutions, multi-lateral and bilateral agencies, foundations, the private sector and civil society, including women's and parent's organizations, to ensure broad ownership.

WHAT ARE THE STRATEGIC OBJECTIVES?

ENAP is founded on the overarching principles of country leadership, human rights, integration, equity, accountability and innovation. There are five strategic objectives that shape the action plan:

1. Strengthen and invest in care during labour, birth and the first day and week of life:

A large proportion of maternal and newborn deaths and stillbirths occur within this period, but many deaths and complications can be prevented by ensuring high-quality essential care to every woman and baby during this critical time.

2. Improve the quality of maternal and newborn care:

Substantial gaps in the quality of care exist across the continuum for women's and children's health. Many women and newborns do not receive quality care even when they have contact with a health system before, during and after pregnancy and childbirth. Introducing high-quality care with high-impact, cost-effective interventions for mother and baby together – delivered, in most cases, by the same health providers with midwifery skills at the same time – is key to improvement.

3. Reach every woman and newborn to reduce inequities:

Having access to high-quality health care based on need without suffering financial hardship is a human right. Robust evidence for approaches to ending preventable newborn deaths is available and, if applied, can effectively accelerate the coverage of essential interventions through innovations and in accordance with the principles of universal health coverage.

4. Harness the power of parents, families and communities:

Engaged community leaders and workers and women's groups are critical for better health outcomes for women and newborns. Education and empowerment of parents, families and communities to demand quality care and improve home care practices are crucial.

5. Count every newborn through measurement, programme-tracking and accountability:

Measurement enables managers to improve performance and adapt actions as needed. Assessing outcomes and financial flows with standardized indicators improves accountability. There is a need to improve metrics globally and nationally, especially for birth outcomes and quality of care around the time of birth. Every newborn needs to be registered and newborn and maternal deaths and stillbirths need to be counted.

WHAT ARE ENAP'S TARGETS AND COVERAGE GOALS?

The newborn mortality rate (NMR) goal proposed is that all countries have less than 10 neonatal deaths per 1000 live births by 2035, with a resultant average global neonatal mortality rate of 7 per 1000 live births. To achieve a global average NMR of 7, all countries will reduce neonatal mortality by at least two-thirds from a baseline in 2012, which may be considered a continuation of MDG 4 applied to the unfinished business for newborn deaths.

For stillbirths, the goal is that all countries have less than 10 stillbirths per 1000 total births by 2035, with a resultant average global stillbirth rate of 8 per 1000 live births for stillbirths. The target date of 2035 aligns with the timeframe for *Committing to Child Survival: A Promise Renewed* and the interim goal proposed for 2030 links to forthcoming post-2015 goals.

Interim coverage targets are proposed for quality care at birth, quality care for small and sick newborns, and home visits for women and newborns for 2020 and 2025 with the aim for universal coverage of quality care for all packages by 2030.

WHAT WAS THE DEVELOPMENT PROCESS FOR THE ENAP?

Addressing newborn survival requires clear consensus on evidence, strategies and actions by a broad community of partners. *Every Newborn* brings together everyone who has a part to play. The preparation was guided by the advice of experts and partners, led by WHO and UNICEF, and by the outcome of several multi-stakeholder consultations and a web-based consultation with more than 300 comments. The plan takes into account all inputs as well as findings from The Lancet Every Newborn Series published in May 2014. Discussed at the 67th World Health Assembly, Member States endorsed the document and made firm commitments to put in practice recommended actions. The Director General has been requested to monitor progress towards the achievement of the global goal and targets and report periodically to the Health Assembly until 2030.

WHAT WILL HAPPEN AFTER THE LAUNCH?

Within 12 months of the launch of the ENAP, an operational strategy will be developed for defining and measuring coverage and quality. This will be developed, in association with the organizations and institutions with a global mandate for improving such metrics, so as to link with other global plans and accountability frameworks. This monitoring and evaluation plan will support countries in sharpening plans for maternal and newborn health and survival in the post-2015 development era.

WHO IS RESPONSIBLE FOR IMPLEMENTING THE ENAP?

To put the ENAP in practice, many stakeholders have a role to play. These include governments and policy makers, donor countries and global philanthropic institutions, the United Nations and other multilateral organizations, civil society, health care workers and their professional associations, the business community, academic and research institutions. Specific recommendations will be presented in the ENAP for actions each constituency can undertake.

WHAT RESOURCES ARE AVAILABLE?

The *Every Newborn* web site, www.everynewborn.org, is a resource hub for both knowledge and advocacy tools linked to the *Every Newborn* effort. Website content includes news about national, regional and global *Every Newborn*-related events; a calendar of upcoming events, the *Every Newborn* Toolkit, including advocacy resources, information about the latest analytical tools including a new maternal-newborn bottleneck analysis tool, and a library of newborn health resources.

KEY ACTIONS TO SUPPORT THE EVERY NEWBORN ACTION PLAN

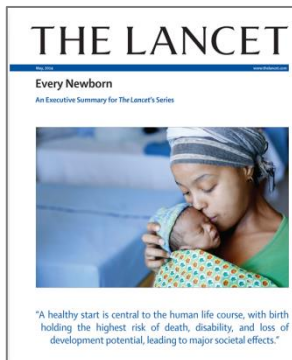
We all have a role to play to ensure the health and safety of the world's newborns. Below are key actions for constituents in support of the *Every Newborn* action plan.

Key Actions By Constituency		
Governments and policy-makers at national, regional, and global levels		
1	National Plans	Review and revise national strategies, policies and guidelines for RMNCAH in line with the goals, targets and indicators defined in the <i>Every Newborn</i> action plan, including a clear focus on care around the time of birth.
2	Budgets	Allocate sufficient financial resources to maternal and newborn health, and ensure adequate investment to improve quality and equitable coverage of care.
3	Legislation	Adopt appropriate legislation on birth registration, maternal deaths notification, maternity protection and the International Code of Marketing of Breast-Milk Substitutes.
4	Health Workers	Develop or integrate a costed strategy on human resources for health into RMNCAH plans to ensure the training, deployment and support of health workers, particularly midwifery personnel, skilled birth attendants, nurses and community health workers.
5	Quality	Adopt standards of quality and core set of indicators for assessing quality of maternal and newborn care at all levels of health care provision.
6	Commodities	Include essential commodities for maternal and newborn health in national essential medicines lists and ensure an uninterrupted supply at all levels of the health system
7	Engage	Engage with communities, civil society representatives, professional associations, the private sector and other stakeholders to harness the power of individuals, families and communities to ensure access and quality coverage of essential maternal and newborn care.
8	Accountability	Count every newborn by institutionalizing civil registration and vital statistics maternal, perinatal and neonatal death surveillance and response.
Organizations in the United Nations system and other multilateral agencies		
1	Policy	Ensure that post-2015 development framework includes specific targets in newborn mortality reduction and stillbirth reduction, in addition to under-5 year old child mortality and maternal mortality reduction.
2	Technical Assistance	Provide technical assistance and support to government planning, implementation and accountability efforts.
3	Coordination	Ensure coordinated support among United Nations partners and intensify efforts in the 20 countries that account for 80% of all newborn deaths.
4	Quality	Develop standards of quality and a core set of indicators for assessing quality of maternal and newborn care at all levels of health care provision.
5	Investment	Ensure that multilateral investment in maternal and newborn health is continued through 2015 and sustained in the post-2015 development era.
6	Champions	Engage champions for RMNCAH in order to provide coherent, coordinated and evidence-based messages about newborn health.

Donors and foundations		
1	Funding	Mobilize funds to fill gaps and support the implementation of costed, evidence-based, country-owned RMNCAH plans that include a focus on birth.
2	Health Worker Training	Support the training and deployment of health workers, including investing in midwifery personnel, skilled birth attendants, nurses and community health workers that can deliver quality essential interventions focused on birth.
3	Commodities	Support access to quality commodities by investing in innovative financing, creating incentives for producers and purchasers, supporting quality assurance and regulation, and research and development efforts to improve products.
4	Accountability	Engage in country compacts and enhance accountability around financial flows.
Private business		
1	Innovation	Invest in developing and adapting devices and commodities to care for mothers and newborns around the time of birth; invest in social and behavioural change campaigns, including those that reach the poorest and most vulnerable.
2	Implement	Scale-up best practices and partner with the public sector to improve and expand health worker training and quality service delivery.
Nongovernmental organizations, communities, and/or parent groups		
1	Community Health Workers	Support preventative care before and after the period around birth and referrals to basic and comprehensive facilities as appropriate.
2	Community Leadership and Accountability	Foster community leadership and accountability to remove barriers (in relation to, for instance, transport), hold health providers accountable for providing quality services and strengthen links between communities and facilities.
3	Champions	Identify and support local champions, including parliamentarians, parent groups, professionals, community health workers and community leaders; engage and link champions for RMNCAH in order to integrate coordinated and evidence-based messages about newborn health.
4	Demand	Generate and sustain demand for services using community-owned actions (for instance, incentives such as conditional cash transfers, insurance, transport, social mobilization, savings credit schemes and cooperatives).
5	Adolescents	Give special attention to adolescent girls and implement approaches to help prevent early and unintended pregnancies.
6	Seek Care	Use families, communities and community health workers, skilled birth attendants and midwives in order to obtain essential maternal and newborn care that saves the lives of babies and women.
7	Quality and Accountability	Be a voice for change; demand quality, affordable, accessible services; report poor services through government and nongovernment mechanisms.

Academics and research institutions		
1	Prioritize Research Needs	Agree upon and disseminate a prioritized and coordinated research agenda for improving preterm and newborn health outcomes.
2	Invest in Research	Encourage increased budget allocation for research into innovative interventions.
3	Build Research Capacity	Build capacity at research institutions, especially in low- and middle-income countries, and train professionals.
4	Disseminate Findings	Disseminate research findings and best practices.
5	Build Partnerships	Strengthen global networks of academic providers, researchers and trainers.
Health professionals		
1	Essential Interventions	Prioritize essential interventions around the time of birth and care of small and sick newborns as part of an integrated package of RMNCAH services.
2	Health Workers	Provide quality and respectful integrated services to babies and women through accelerated training, retention and motivation approaches.
3	Commodities	Work with local and national bodies to ensure consistent availability of commodities and supplies essential for key interventions around the period of birth.
4	Quality	Monitor quality of care including through use of maternal and perinatal death surveillance and response.

RECENT REPORTS IN SUPPORT OF EVERY NEWBORN



The Lancet // Every Newborn Series // May 2014

Following *The Lancet* 2005 Neonatal Survival Series, [The Lancet Every Newborn Series](#) of five papers presents the clearest picture to date of slow progress for newborn survival and the new focus beyond survival. The Series also combines research with reality in countries to set post-2015 targets and actions to ensure every newborn has a healthy start. More than 55 experts from 29 institutions in 18 countries contributed, and the Series gives the evidence base for the *Every Newborn* action plan (ENAP).



Save the Children // Ending Newborn Deaths // April 2014

The new research published by Save the Children in the [Ending Newborn Deaths: Ensuring Every Baby Survives](#) report showed one half of first day deaths around the world could be prevented if the mother and baby had access to free health care and a skilled midwife.



PMNCH // Knowledge Summary #29 Delivering Our Future: Survival and Health for Every Newborn // April 2014

PMNCH regularly publishes summaries of new data and analyses around issues of maternal, newborn and child health. These summaries are intended to cull the information into the facts you need to know to help communicate and advocate an issue. [Knowledge Summary #29](#) focuses on the global status of newborn health and what is needed to pave the way forward to saving the lives of every newborn.



Every Newborn // Newborn Health Library

For additional key newborn health publications, visit *Every Newborn's* online [Newborn Health Library](#).

TEMPLATE INFLUENCERS STRATEGY WORKSHEET

Use this worksheet to guide your communications strategy. Answering the questions in this worksheet will help you tailor your communications to ensure you are effectively reaching your audience with thoughtful, compelling messages.

What is your goal?

Who is your audience?

What is your message?

What is your call to action?

Who is your messenger?

What communications tools or vehicles will you use?

What is your timeline?

How will you measure success?

TEMPLATE LETTER TO OPINION LEADER

Dear [NAME],

Each year, 3 million newborns die needlessly around the world and, some [INSERT RELEVANT COUNTRY STATISTIC FROM THE EVERY NEWBORN RESOURCES SITE] die in [NAME OF THE COUNTRY]. Indeed, newborn deaths account for 44% of all deaths among children under five and the international community is finding that reaching preventable child death goals (such as Millennium Development Goal 4) cannot be achieved without addressing newborn health.

We are writing to make you aware of the renewed efforts by the international community to address these newborn deaths and to ask for your help in spreading the word about the *Every Newborn* action plan (ENAP) and its potential impact on mothers and newborns here in [NAME OF COUNTRY].

In response to this pressing issue, the World Health Organization (WHO) and UNICEF, with partners, are launching *Every Newborn: an action plan to end preventable deaths*. This action plan is a collaborative effort to build on the achievements of *Every Woman Every Child* and is designed in response to the demand for action to improve maternal and newborn health and to accelerate a global, harmonised response by linking newborn health initiatives to reproductive, maternal and child health programmes. The *Every Newborn* action plan recognises that we can save over two-thirds of the three million newborn deaths each year through focusing on simple cost-effective interventions that can be done at the time of birth, coupled with quality of care for small and sick newborns as well as expanded access to family planning before, during and between pregnancies.

To make the *Every Newborn* action plan a success and make sure newborn lives are saved, the whole community, including the private sector, civil society and government must take action.

We call on you to help save the lives of mothers and newborns by including our agenda in your conversations, and we are available for any questions you may have. [INSERT CONTACT INFORMATION]

Yours sincerely,

[INSERT SIGNATURE]

[INSERT NAME/TITLE/ORGANIZATION]

TEMPLATE LETTER TO EDITOR

To the Editor,

Each year, globally, 3 million newborns die needlessly around the world. These deaths are preventable.

Millions of women and babies could be saved through investing in quality care around the time of birth and in special care for sick and small newborns. With cost effective solutions that are available now, we could protect women and children from the most dangerous day of their lives – the day of birth.

More than 80% of all newborn deaths and stillbirths result from preventable and treatable conditions: prematurity, complications during labour, and newborn infections. With educated and equipped health workers, including those with midwifery skills, small and sick newborns could be identified and provided with special care, and women could receive quality care before, during, and after birth.

In response to this pressing issue, the World Health Organization (WHO) and UNICEF, with partners, are launching *Every Newborn: an action plan to end preventable deaths* (ENAP). This plan will provide a roadmap for countries to commit and invest in ending these senseless deaths.

Preventable newborn deaths should no longer be commonplace. That is why [We/I] join thousands of citizens and organizations across the country in compelling our government to pledge to end preventable newborn deaths in solidarity with the launch of the ENAP on June 30th, 2014.

Yours sincerely,

[INSERT SIGNATURE]

[INSERT NAME/TITLE/ORGANIZATION]