

ENSURING MATERNAL AND NEWBORN HEALTH DURING DISASTERS

The impact of the tsunami on communities and health infrastructure in Indonesia, Sri Lanka, and other Asian and African nations has increased risks to surviving newborns and pregnant women in those areas and made them more vulnerable to infections, hypothermia, dehydration, and diarrheal diseases. Pregnant women may be more susceptible to premature deliveries and miscarriages as well; many are traumatized by the loss of family, community, and support systems. It is critical that the following support systems and supplies are in place to meet the special needs of survivors.

- I. Health workers with experience in maternal and newborn care should be available to serve the needs of survivors.** In Indonesia's Aceh province, local doctors and midwives who work with Save the Children/SNL have volunteered to staff health facilities in devastated areas.
- II. Temporary health facilities should be stocked with supplies and necessary equipment.** It is critical that proper equipment and medications are on hand to provide care during pregnancy, conduct normal deliveries, manage complications, and provide postnatal care.
(see UNFPA website: www.unfpa.org/emergencies/safemotherhood.htm)
- III. A referral system should be established to evacuate any woman or newborn displaying danger signs.**

Health workers and volunteers should be prepared to support women and their newborns through all stages of pregnancy, delivery, and postnatal care:

Prenatal Care

- In refugee camps or communities, health workers should undertake a rapid assessment of all pregnant women or women with newborns to identify those at risk of imminent delivery or complication.
- Pregnant women should be checked for danger signs, and if necessary, referred to appropriate facilities or airlifted out.
- Women should be made aware of available services for health care and support during childbirth.
Required supplies: malaria prophylaxis, tetanus toxoid, blood pressure cuff and stethoscope

During Delivery

- Need for skilled birth attendants, supplied with clean birth kits including soap, plastic sheet, gloves, and sterile cutting instrument (blade) for clean umbilical cord care,
- Need for newborns to be immediately checked, dried and wrapped for warmth, and breastfed by mother
- **Drugs and supplies**
 - Partographs (for easier identification for referrals)
 - Clean surface (plastic sheets or McIntosh pads)

- Cloths for perineal pads
- Cloths or towels for drying/wrapping the baby
- Fetal stethoscope if available
- Infection prevention supplies (gloves, soap, clean water, 0.5% chlorine solution, clean cord ties, sterile blades, protective clothing for birth attendants, mechanisms for boiling water and cleaning supplies, Oxytocin, newborn ambu bags, eye drops or ointment.
- Recognition and management of complications and systems for referral in case of maternal and newborn emergencies such as obstructed labor, postpartum hemorrhage, eclampsia, birth asphyxia or newborn sepsis

Postnatal

- Mothers (and surviving relatives) should be counseled in newborn care regarding exclusive breastfeeding, wrapping and warming their baby, deferred bathing, and hygiene.
- Babies and mothers should receive postnatal/postpartum checkups from a health worker, particularly during the first week, with special care for premature or low birth weight babies.
- Continue monitoring for complications such as infection in newborns and hemorrhage or infection in mothers, with appropriate treatment or referral.
- **Required supplies:** antibiotics; immunizations for newborns; vitamin A for mothers.

Other issues to consider

- Family planning services to space and limit pregnancies
- Counseling/management/treatment for STIs and HIV
- Orphan services: The health and survival of newborns and children are significantly jeopardized when the mother dies. In that context, newborn needs for feeding, warmth and nurturing must be provided. Female children may suffer greater neglect than male children.