



STATE OF THE WORLD'S NEWBORNS: MALAWI

Saving Newborn Lives



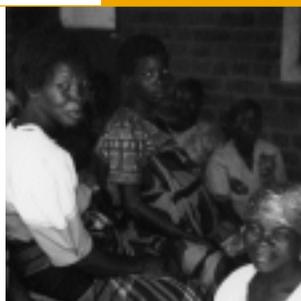
“I’d been in labor for six hours when the TBA said I should go to hospital because the baby was breech. Luckily a relative had a vehicle and as I arrived at the hospital the baby started to be born. Without this vehicle, who knows what would have happened.”

Malawian mother

MALAWI AT THE CROSSROADS

In the past quarter century, modern health services in Malawi have become more accessible for most of the population, but the health of the average individual still needs to be improved. Malawi’s neonatal mortality rate—at almost 42 deaths per 1,000 live births—is 35 percent higher than the average rate for less developed countries. Forty percent of all infant mortality in Malawi occurs among newborns (in the first 28 days after birth).

While the government has made important advances, Malawi’s health system must deal with a number of conditions which directly and indirectly affect the quality of health care for the general population. As in many devel-



CARE OF FUTURE MOTHERS

In many societies, girls are uniquely disadvantaged; their options in life limited by illiteracy, poor education, and lack of economic opportunities. They often have lesser claims on scarce resources and may not be free to make their own decisions regarding access to health care or their own fertility. Improving the status and health of girls and women is clearly a long-term challenge. Changes in social and cultural beliefs and

practices will also be necessary to support needed improvements in the status and health of future mothers.

- Improve the health and status of women
- Improve the nutrition of girls
- Discourage early marriages and early childbearing
- Promote safer sexual practices
- Provide opportunities for female education



CARE DURING PREGNANCY

Caring for newborn babies starts with caring for their pregnant mothers, ensuring that pregnant women are adequately nourished, free from infections and exposure to harmful substances, and monitored for complications during pregnancy. Appropriate health care for mothers during pregnancy and delivery ensures newborns the best chance to survive and thrive.

- Screen and treat infections, especially syphilis and malaria
- Improve communication and counseling: birth preparedness, awareness of danger signs, and immediate and exclusive breastfeeding

SPECIAL ATTENTION

- Improve the nutrition of pregnant women
- Immunize against tetanus

- Monitor and treat pregnancy complications, such as anemia, preeclampsia, and bleeding
- Promote voluntary counseling and testing for HIV
- Reduce the risk of mother-to-child transmission (MTCT) of HIV



CARE AT TIME OF BIRTH

A primary barrier to delivering effective obstetric care in developing countries is that, on average, 63 percent of births occur in the home and only 53 percent of all births are attended by a health worker skilled in delivery care. In other words, 53 million women each year give birth without the help of a professional. A clean delivery is crucial to prevent infection of the newborn and the mother, as well as prompt detection and management of complications.

- Keep the newborn warm: dry and wrap baby immediately, including head cover, or put skin-to-skin with mother and cover
- Initiate immediate, exclusive breastfeeding, at least within one hour
- Give prophylactic eye care, as appropriate

SPECIAL ATTENTION

- Ensure skilled care at delivery
- Provide for clean delivery: clean hands, clean delivery surface, clean cord cutting, tying and stump care, and clean clothes

- Recognize danger signs in both mother and baby and avoid delay in seeking care and referral
- Recognize and resuscitate asphyxiated babies immediately
- Pay special attention to warmth, feeding, and hygiene practices for preterm and LBW babies



CARE AFTER BIRTH

Low-cost, proven interventions can be carried out entirely within the framework of existing maternal and child health programs. Current reviews indicate that essential care during pregnancy, childbirth, and the newborn period costs as little as US\$3 a year per capita in low-income countries.

- Provide immunizations such as BCG, OPV, and hepatitis B vaccines, as appropriate

SPECIAL ATTENTION

- Ensure early postnatal contact
- Promote continued exclusive breastfeeding
- Maintain hygiene to prevent infection: ensure clean cord care and counsel mother on general hygiene practices, such as hand-washing

- Recognize danger signs in both mother and newborn, particularly of infections, and avoid delay in seeking care and referral
- Support HIV positive mothers to make appropriate, sustainable choices about feeding
- Continue to pay special attention to warmth, feeding, and hygienic practices for LBW babies



EFFORTS TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV IN MALAWI

On average 16 percent of pregnant women in Malawi who have been tested in the antenatal period are infected with HIV. Consequently, there is an urgent need to counsel women in reproductive health and feeding practices. CHAPS (Community Health Partnerships) has designed a voluntary counseling and testing (VCT) program that will be available through the Baby-Friendly Hospital Initiative. The government of Malawi has given the go-ahead to the drug Nevirapine which prevents replication of the virus causing infection in the mother's blood and breastmilk. At a cost of US\$4 per woman and requiring just two doses (one for the mother when she goes into labor and one for the baby 72 hours after birth), this drug has been shown to reduce the transmission rate by half. However, the cost-effective use of Nevirapine still depends on an effective VCT program, since only mothers known to be HIV positive will be given the drug. Unfortunately, most poor African women are out of reach of facilities that can provide testing and treatment.

oping countries, more work still needs to be done in the areas of management and supervision, in making the best use of scarce resources, providing more incentives for health personnel, and enhancing institutional capacity for planning and deployment—key issues affecting health care delivery and other health indicators. Although Malawi has many dedicated and talented health professionals, enrollment in medical and nursing programs is declining, and some health care workers suffer from low morale. The general public, meanwhile, needs to become better informed about health matters so they can take better care of themselves and ask for professional help when needed. Needless to say, the impact of the HIV/AIDS epidemic has complicated the government's efforts in many of these areas.

CARE DURING PREGNANCY

The government of Malawi has made great efforts in the area of primary care, but there is still more work to be done, especially in reducing maternal mortality. A woman's economic status is a key variable in whether or not she will receive care from a skilled attendant (doctor, nurse, nurse-midwife) upon delivery. While both rich and poor women seek and have access to antenatal care, women in the richest sector of the population are 75 percent more likely to receive care from a skilled attendant at birth than women in the poorest sector. The total fertility rate reported in the 2000 Demographic and Health Survey is 6.3 children per woman, a slight decrease from 6.7 children in 1992. Frequent pregnancies and closely spaced births contribute to poor maternal and neonatal outcomes.

On the whole, antenatal coverage in Malawi is strikingly good, with almost 94 percent of all pregnant women reporting at least one visit, albeit relatively late in

pregnancy, and over 80 percent receiving at least one tetanus toxoid vaccination. Several other indicators, however, still need improvement: many pregnant women are not receiving or not taking the recommended two doses of sulfadoxine/pyrimethamine against malaria (a risk factor for premature delivery, which is often dangerous for a newborn); syphilis testing is not done routinely; and other lab tests, such as hemoglobin and urinalysis to screen for anemia and infection, are the exception rather than the rule, largely due to lack of trained staff, supplies, and equipment.

CARE OF THE NEWBORN

Studies have identified the leading causes of neonatal death in Malawi as infection, complications during delivery (leading to birth asphyxia and birth injury), and complications of prematurity—a set of conditions, it should be noted, that can be readily addressed through relatively low-cost, low-tech improvements in the quality of antenatal, intrapartum, and postpartum care of mothers. While over 55 percent of women deliver their babies in health facilities, the quality of newborn care in these facilities varies greatly, depending on such factors as the presence of well-trained staff and the availability of supplies and equipment. Many facilities have no suction equipment, for example, to treat newborns with asphyxia, and in those facilities that have the equipment, it is often broken.

Many women still choose to deliver at home with help from traditional birth attendants (TBAs) or family members. Whether a woman delivers at home or in a health facility, what matters most is following essential newborn care practices, such as the provision of warmth, initiation of immediate breastfeeding, and proper umbilical cord care to prevent infection and

bleeding—practices which on the whole are difficult to ensure in the home.

Traditional practitioners play an important role in maternal and newborn care in Malawi, with almost 23 percent of home deliveries assisted by TBAs; indeed, many people feel they provide better service than what is available in the formal health system. TBAs, herbalists, and healers are available and accessible, attentive, warm, and culturally sensitive while, in contrast, the health facility may be far away, is often closed, and health personnel may be uncaring and disrespectful. Many Malawians even prefer to be seen by untrained TBAs rather than by trained ones, as the latter are often perceived to be more “government-like” and less responsive in their approach. For all their popularity, traditional and otherwise untrained practitioners cannot always be depended on to know or pass on the basics of sound newborn care.

A number of traditional practices and beliefs regarding pregnancy and the newborn are widely observed in Malawi. While some of these may be beneficial, others contribute to poor maternal and neonatal health. In some areas, the mother and baby undergo a traditional confinement period of ten days or until the baby’s umbilical stump falls off. Babies are not always dried and warmed immediately, or they may be washed before being put to the breast. It is common to cut the cord with a sugar-cane peel and then to cover the umbilical stump with such things as soil, ashes, pumpkin flower juice, root extracts, or cow dung. Many newborns between one week and three months are fed with water or flour and water mixtures which can greatly increase chances of infection and contribute to poor growth and development. Some traditional beliefs prevent women from disclosing pregnancy and seeking antenatal care.

STRATEGIES TO IMPROVE ESSENTIAL NEWBORN CARE

Many of the problems of the newborn in Malawi are the result of the challenges faced by the national health system, with the lack of trained personnel standing out as one of the key issues facing the government (and in particular the Ministry of Health and Population, MOHP). In urban areas, health facilities are often understaffed and overcrowded, creating a high client-to-provider ratio that may be further exacerbated by a lack of supplies and equipment. Rural areas suffer from the same shortage of health workers, as well as a lack of infrastructure and poor provider skills.

Even so, improving newborn health and reducing newborn mortality are still realistic goals in Malawi. They can be achieved through a number of proven, affordable solutions, including clean delivery practices, skilled care at delivery, warmth and drying, and immediate and exclusive breastfeeding. Save the Children’s Saving Newborn Lives initiative will vigorously pursue and support these approaches through a four-part initiative in collaboration with the Government of Malawi and other assistance agencies.

■ Essential Newborn Care in the Community

Save the Children will assist several nongovernmental organizations to improve essential newborn care in three districts, two in the Southern and one in the Northern region of Malawi. Since over 55 percent of deliveries in Malawi take place in a health facility, the program will target newborn care delivery in these facilities in order to strengthen community confidence in and access to facility-based care. The program will also aim to strengthen ties between the traditional (e. g., TBAs) and the formal health sector, with a key goal of encouraging TBAs to motivate and accompany women for early postpartum care.

■ Training

Improving newborn health is in large part a matter of improving the skills of health care providers, including doctors, nurses, midwives, Health Surveillance Assistants (HSAs), and TBAs. Save the Children will help the MOHP improve provider skills by creating a newborn care training network, based in part on a South African model (the Perinatal Education Program) which will be adapted to the needs of Malawi. Among other things, training will focus on the technique known as Kangaroo Mother Care, a simple, inexpensive, and effective method for managing low birth weight newborns. Kangaroo Mother Care is already being practiced in one hospital in Malawi and will be expanded through training to other districts and be introduced at the community level. Other training will include promoting clean deliveries, educating new mothers on the newborn's needs and teaching families and healers to recognize danger signs and feel comfortable in seeking outside assistance. To address the shortage of skilled providers, Save the Children will support efforts to strengthen midwifery training.

■ Behavior Change Communication

Improving newborn health and survival will require changes in current behavior and practices during pregnancy, delivery, and postpartum periods. Based on formative research, the behavior change communication (BCC) strategy aims to integrate the essential newborn care package with safe motherhood to promote better birth preparedness, better recognition of danger signs and swift, appropriate care-seeking behavior, and improved ENC skills and practices at the facility, community, and household levels. Messages will be crafted and materials developed and tested in collaboration with the MOHP and other



SELECTED NEWBORN AND MATERNAL HEALTH INDICATORS

Human Development Index Rank (out of 176 countries)	163
Neonatal mortality rate (per 1,000 live births)	41.8
Infant mortality rate (per 1,000 live births)	103.8
Under-five mortality rate (per 1,000 live births)	188.6
Percent of babies with low birth weight (1995-99)	20.0%
Total fertility rate women 15-49 years	6.3
Maternal mortality ratio per 100,000 live births	1127
Skilled attendance at delivery by physician, nurse, or nurse-midwife	55.6%
Deliveries assisted by TBAs	22.7%
Women who delivered at home and received postpartum care services	7.0%

SOURCE Malawi Demographic and Health Survey 2000, Malawi Demographic and Health Survey 1992 Report



“Despite the daunting magnitude of newborn mortality each year, we can reverse this trend by initiating key health solutions that are proven, affordable, and doable. We count on the world’s leaders to take stock of how mothers and newborns fare in every country. Investing in this most basic partnership of all—between mother and newborn—is the first and best step in ensuring healthy children, prosperous families, and strong communities.”

Charles MacCormack
President, Save the Children

partners. Once adopted nationally, these materials will be available to all 27 districts through government channels and those of the partner organizations.

■ Research

Designing appropriate interventions will depend in part on good data from formative and operations research conducted at health facilities and in the wider community. To this end, Save the Children will support research to expand Kangaroo Mother Care to the community level, to examine using non-laboratory technicians to use test strips to diagnose syphilis among pregnant women during antenatal care, and to expand quality assurance systems to newborn care at the health facility level. In addition, Save the Children will support a trial intervention in Malawi and Zambia on using community mobilization to improve newborn health.

THE NEWBORN AS A HEALTH PRIORITY

The newborn needs to become a priority for Malawi’s policy makers. In a country where 40 percent of all infant mortality occurs among newborns, newborns need to be the focus of efforts aimed specifically at their own vulnerabilities,

including the risks of prematurity and low birth weight, of delivery, and of the first 28 days of life.

There can be little doubt that in the short run the much-needed improvements in newborn care will place an even greater burden on Malawi’s already overburdened health system. But we should not lose sight of the fact that a good part of that very burden is the legacy of illness and disease resulting from poor newborn care. In due time, healthier newborns will mean healthier children and adults—and a more productive society.

SAVING NEWBORN LIVES INITIATIVE

Saving Newborn Lives, supported by the Bill & Melinda Gates Foundation, is a 15-year global initiative to improve the health and survival of newborns in the developing world. Saving Newborn Lives works with governments, local communities and partner agencies in developing countries to make progress toward real and lasting change in newborn health.

SAVE THE CHILDREN is a leading international nonprofit child-assistance organization working in over 40 countries worldwide, including the United States. Our mission is to make lasting positive change in the lives of children in need. Save the Children is a member of the international Save the Children Alliance, a worldwide network of 30 independent Save the Children organizations working in more than 100 countries to ensure the well-being and protect the rights of children everywhere.



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