

## Newborn Health in Emergencies Summary Sheet



### What do I need to know?

- Over one-third of all deaths in the first month of life (the neonatal or newborn period) occur within the first 24 hours and three quarters in the first week after birth
- Major causes of newborn death globally are: preterm complications (35%), intrapartum-related events (28%), and severe infections (24%)
- Neonatal death contributes to 44% of under-five mortality globally

#### **Small babies and babies born too soon are at highest risk of illness and death**

- Complications of preterm birth is now the leading cause of all under-five mortality
- Preterm babies are babies born before 37 weeks gestation; low birth weight babies are those born with a birth weight of less than 2500 grams
- Low birth weight is associated with up to 80% of neonatal deaths

**Severe Infections:** In very high mortality settings almost 50% of deaths are due to severe infections including sepsis, pneumonia, diarrhea and neonatal tetanus. Yet these diseases can be prevented and treated within existing packages of care in almost every setting

**Intrapartum-related:** Over 1800 newborns die every day due to complications of childbirth, plus many more stillbirths. Around 10% of all newborns do not breathe at birth but many can be saved with low-tech practices including stimulation and resuscitation with bag-and-mask when needed.

### When do I need to worry?

- High rates of sexual violence and violence against women
- Inadequate shelter, low temperatures, especially for small babies
- Low rates of exclusive breastfeeding, cultural practices around giving prelacteal feeds
- No or limited access to childbirth care by a skilled and equipped healthworker
- Limited space for inpatient care and rapid discharge after delivery
- No or limited care in the first 24-48hrs after delivery
- Low tetanus toxoid vaccination coverage among women of reproductive age

### How do I plan a prevention and/or response program?

#### **Link newborn with the primary health care and reproductive health care response plan.**

##### **In the acute initial phase:**

- Ensure key services for newborn care and the promotion of key healthy behaviors are incorporated in the Minimum Initial Service Package for reproductive health
- Ensure that all births as well as outcomes such as newborn deaths and stillbirths are included in surveillance at community and facility level
- Promote immediate and exclusive breastfeeding, discourage promotion of artificial feeding
- Promote Kangaroo Mother Care for preterm babies and skin-to-skin care for all babies with items to keep babies warm (e.g. hat, blanket), especially in cold climates, noting that newborns lose heat much faster than adults
- Procure newborn kits, or include newborn-specific equipment and supplies in other reproductive and child health medical kits

##### **After the acute initial phase:**

- Ensure that both reproductive and child health programs include all essential components of newborn health care addressing the three main causes of mortality
- Identify gaps in services at the appropriate levels of care for ensuring safe and healthy births and managing newborn complications
- Include newborn indicators including deaths as well as key practices and service coverage in population-based surveys and documentation tools



## What data should I be collecting?

- Community: In daily and weekly surveillance forms, include deaths amongst children <1 month in addition to overall child deaths
- Health facility: In weekly reporting tools, include birth outcomes including stillbirths (split between macerated and fresh where feasible), as well as illness and death amongst children <1 month
- Coverage indicators should include skilled birth attendance, tetanus toxoid vaccination status, breastfeeding, and postnatal care

## How do I work with the community?

- Use community platforms, where they exist, to create demand for antenatal care, facility delivery, and early postnatal care
- Distribute delivery kits and promote clean delivery practices including facility deliveries with a skilled birth attendant
- Community health workers can offer health promotion and counselling on danger signs as well as identification of sick and small newborns who need referral
- Community data collection should link to facility reporting system in order to get a full picture of the newborn care services offered in the area

## Key resources

- [www.healthynetwork.org](http://www.healthynetwork.org): [Newborn Numbers](#) with [Excel spreadsheet](#) country data
- [The Lancet Every Newborn Series, 2014](#)
- [The Lancet Series on Stillbirths, 2011](#)
- [The Lancet Series on Neonatal Survival, 2005](#)
- Every Newborn Action Plan <http://www.everynewborn.org/every-newborn-action-plan/>
- State of the World's Midwifery report <http://unfpa.org/public/home/pid/16021>
- Lancet Midwifery Series <http://www.thelancet.com/series/midwifery>
- [State of the World's Mothers: Surviving the First Day](#), 2013
- [Countdown to 2015, Maternal, Newborn and Child Survival](#). 2014 Report
- [Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health](#). WHO, 2011