

# Quality of care for small and sick newborns

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World Health  
Organization

# Why care for small and sick newborn now?

3.2 By 2030, end preventable deaths of newborns and children under-5 years of age, with countries aiming to reduce NMR to at least 12 per 1,000 live births

- Global strategies with NMR target
- 80% births in health facilities
- Accelerated progress in some countries

BUT

- 7000 neonatal deaths every day
- Coverage and quality gaps
- Covid-19 pandemic

EVERY WOMAN EVERY CHILD  
EVERY NEWBORN  
An Action Plan To End Preventable Deaths

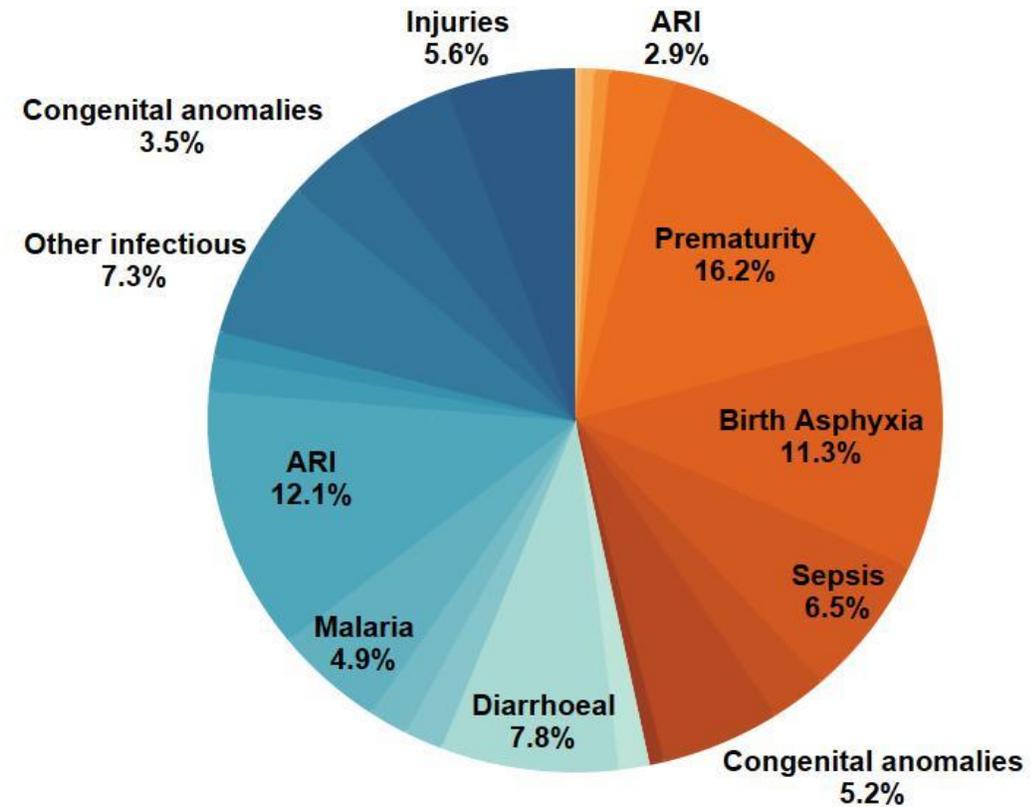
THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

TOWARDS A GLOBAL ACTION PLAN  
FOR HEALTHY LIVES AND WELL-BEING FOR ALL

World Health Organization

# The burden is bigger than 2.5 million annual deaths...

- 2.5 million newborn deaths
- 47% of under-5 deaths
- Causes of neonatal death contribute to post-neonatal mortality and long-term outcomes



Causes of death in children under 5 in 2017

# Causes of death change at different NMR levels

## Services need to be developed accordingly

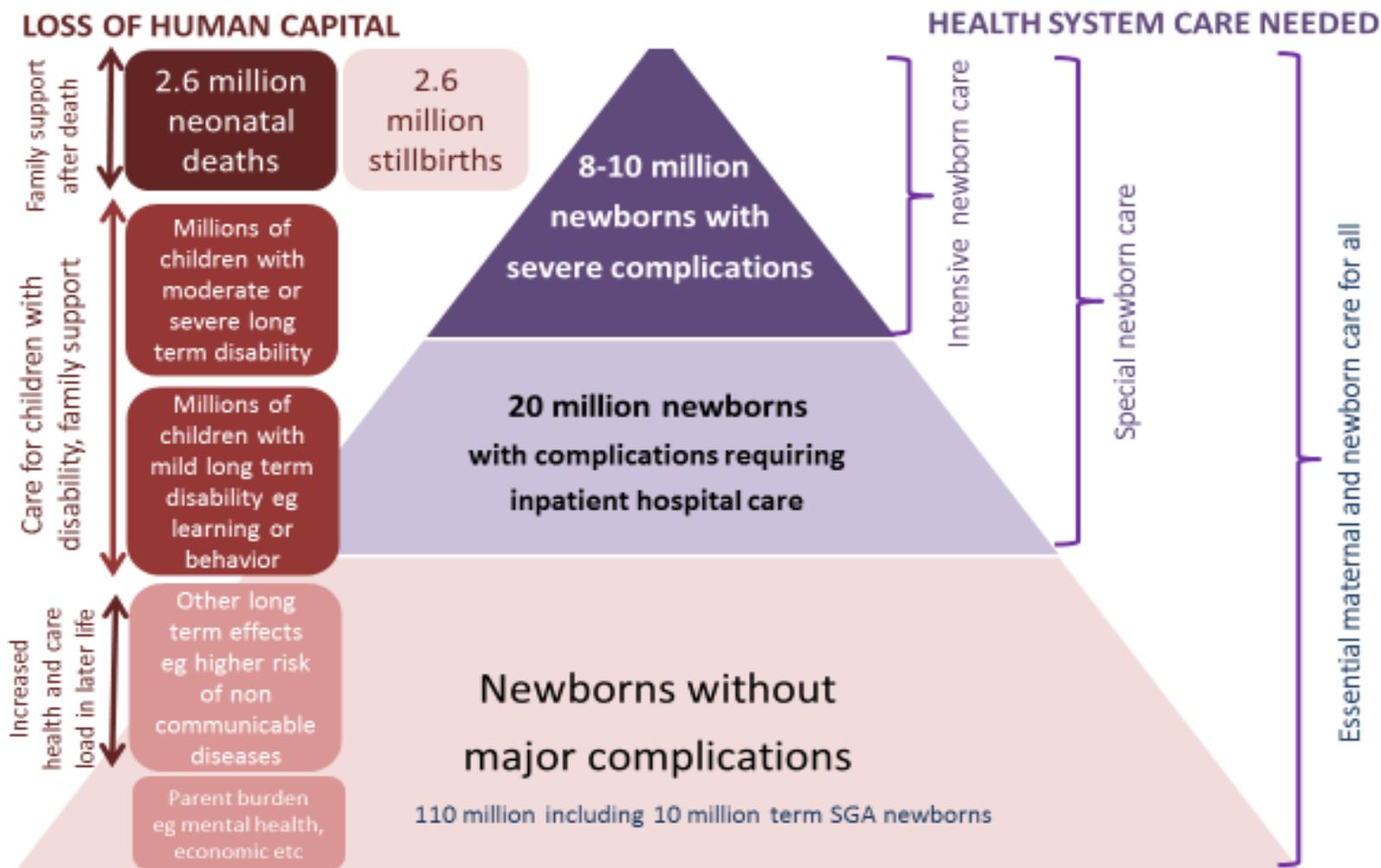
2016 neonatal proportional mortality



Source: WHO-MCEE methods and data sources for child causes of death 2000-2016  
(Global Health Estimates Technical Paper WHO/HMM/IER/GHE/2018.1)

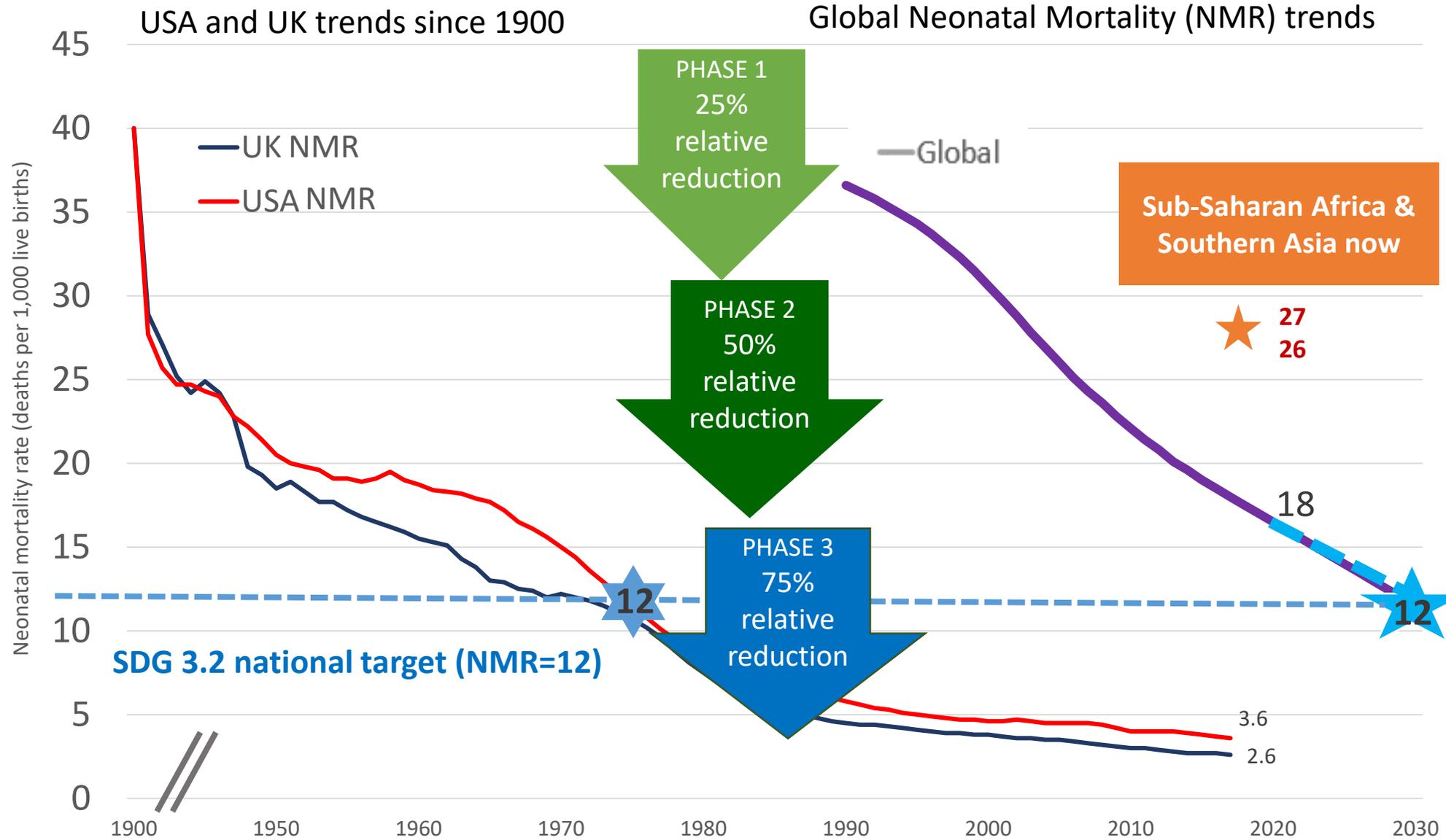
# Every year 30 million newborns are at risk

## Health system response by level of care and impact on human capital



Source: Adapted from Lawn JE, Davidge R, Paul VK, et al. Born Too Soon: care for the preterm baby

# Learning from history to accelerate change



## Phases of newborn care

- PHASE 1:** Public health approaches (do-ble at home)
- PHASE 2:** Improved pregnancy, birth and essential newborn care
- PHASE 3:** Special and intensive neonatal care

# Newborn care interventions by levels of health system

## Neonatal Intensive Care

Tertiary



Advanced feeding support (e.g. parenteral nutrition); mechanical/assisted ventilation, including intubation; screening and treatment for retinopathy of prematurity; surfactant treatment; investigation and management of birth defects; paediatric surgery; genetic services.

## Special Care For small & sick newborns

Secondary



Thermal care; comfort and pain management; kangaroo mother care; assisted feeding for optimal nutrition (cup feeding and nasogastric feeding); safe administration of oxygen; prevention of apnoea; detection and management of neonatal infection; detection and management of hypoglycaemia, jaundice, anaemia and neonatal encephalopathy; seizure management; safe administration of intravenous fluids; detection and referral management of birth defects.

*Transition to intensive care:* continuous positive airway pressure; exchange transfusion; detection and management of necrotizing enterocolitis; specialized follow-up of infants at high risk (including preterm).

## Basic Care For all newborns

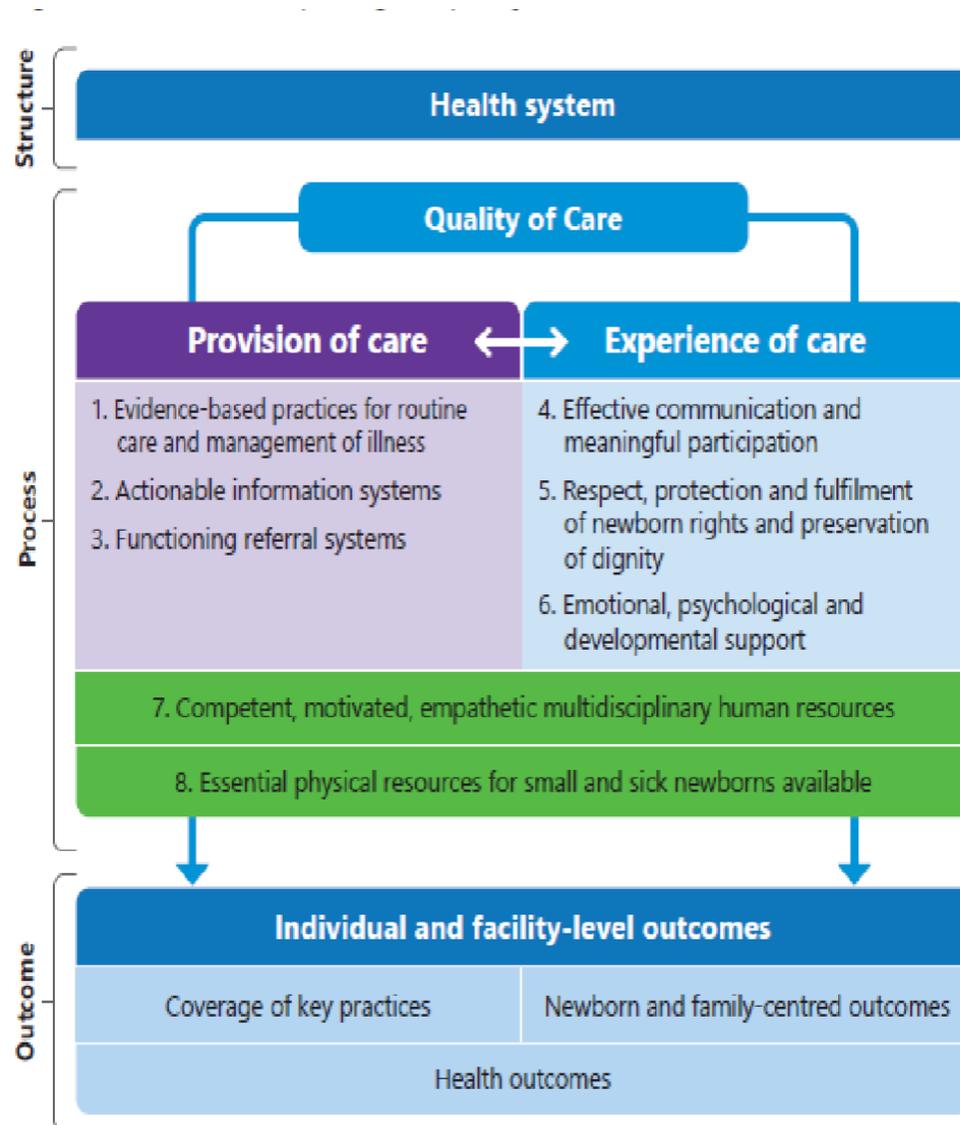
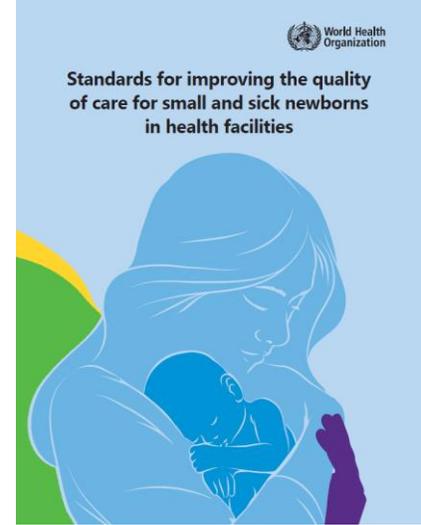
Primary



Immediate newborn care (thorough drying, skin-to-skin contact of the newborn with the mother, delayed cord clamping, hygienic cord care); neonatal resuscitation (for those who need it); early initiation and support for exclusive breastfeeding; routine care (Vitamin K, eye care and vaccinations, weighing and clinical examinations); prevention of mother-to-child transmission of HIV; assessment, management and referral of bacterial infections, jaundice and diarrhoea, feeding problems, birth defects and other problems; pre-discharge advice on mother and baby care and follow-up.

Increasing  
complexity

# Improving Coverage and Quality of Care



- Networks of neonatal facilities with functional referral systems
- Family-centered care
- Teams with neonatal care competencies
- Appropriate use of technology
- Financial protection
- Supportive policies
- Hospital Quality Assessment and Improvement processes

# From conventional care to family centred care

## Possible despite COVID-19

Labour Room



NICU/SNU



Intermediate Care



KMC Unit/Home



M-NICU



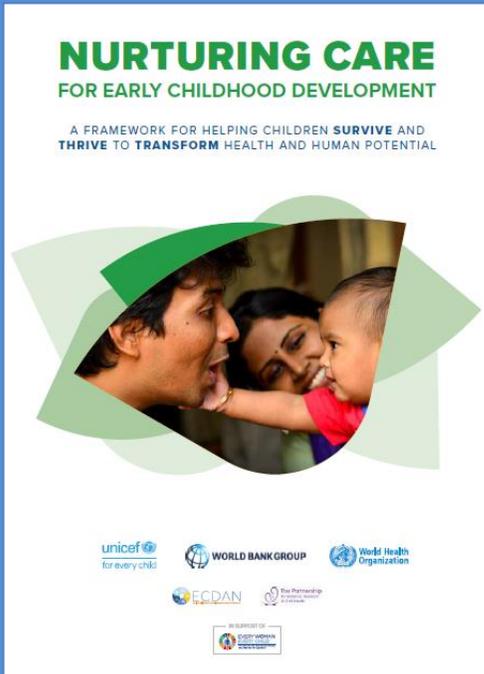
Family centered care



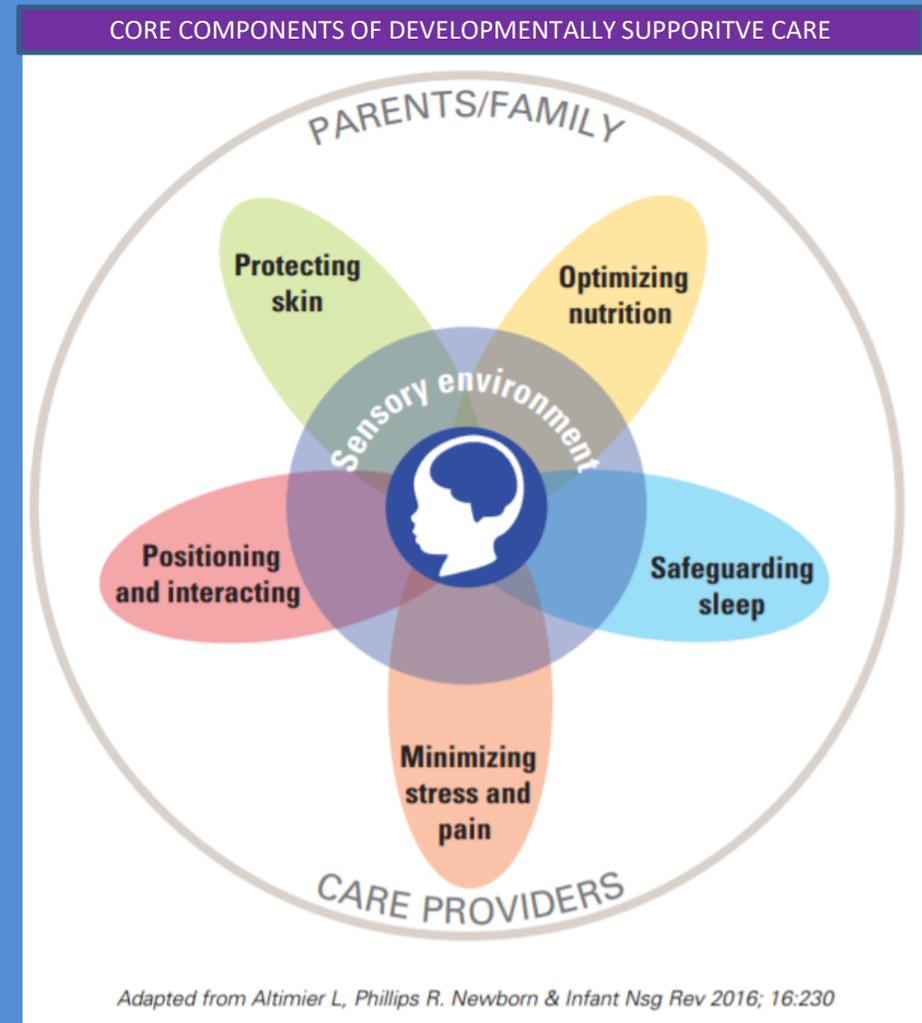
No separation from birth to discharge

# Nurturing Care for Early Childhood Development

## Follow-up after discharge



## Nurturing care for the Small and Sick Newborn



Nurturing care for early childhood development. A framework for helping children survive and thrive to transform health and human potential, WHO, 2018

Adapted from Altimier L, Phillips R. *Newborn & Infant Nsg Rev* 2016; 16:230

# Teams of health workers equipped with neonatal care skills

- Transforming education and in service training
- Mentoring and supporting supervision
- Empowering staff
- Improving working conditions
- Partnering with families
- Roadmap: HRH strategies to strengthening newborn care services in low- and middle-income countries (forthcoming)

## FRAMEWORK FOR ACTION

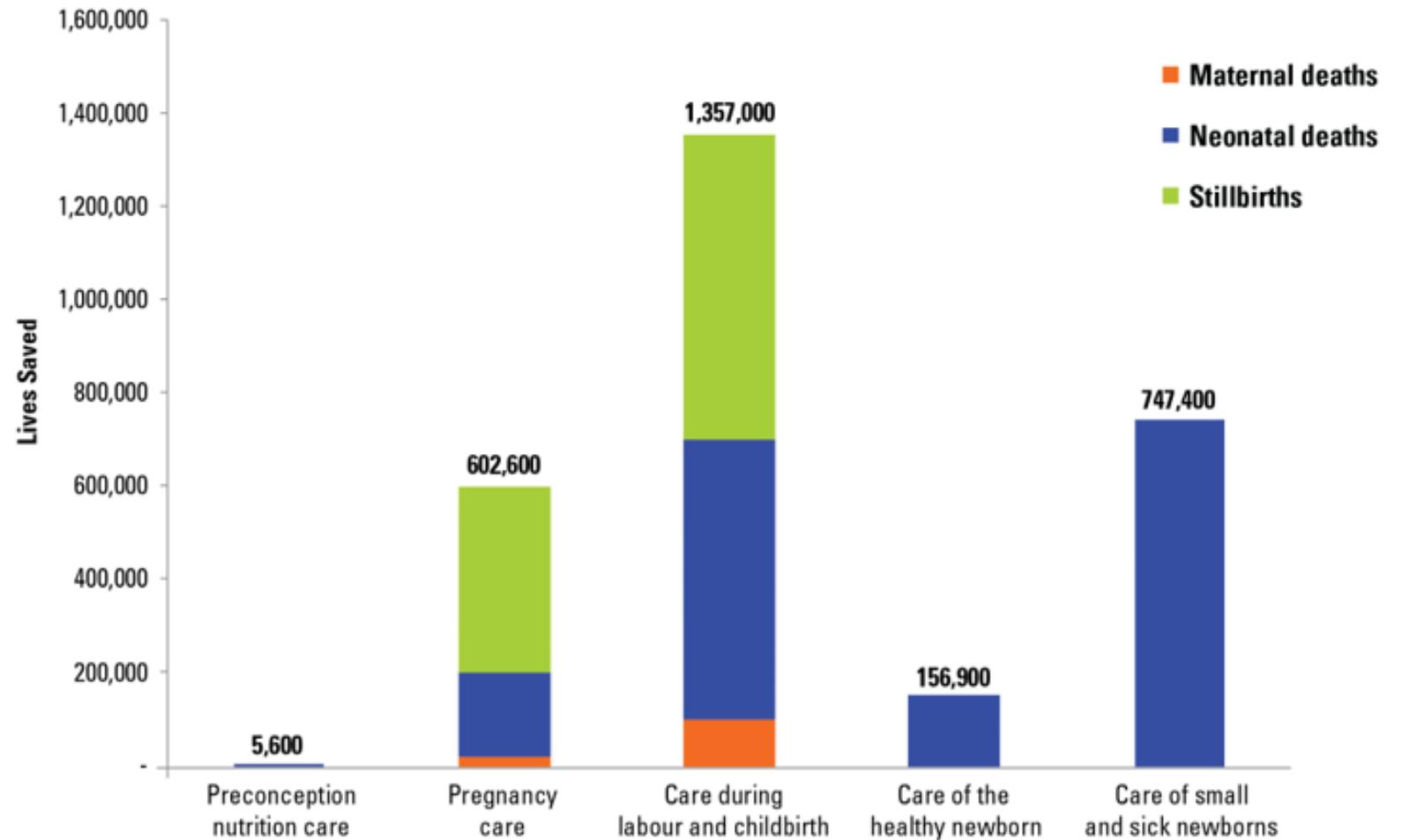


STRENGTHENING QUALITY  
MIDWIFERY EDUCATION  
for  
Universal Health Coverage 2030



# 1.7 million newborn lives saved each year

Estimated effect of scaling-up interventions on maternal and neonatal deaths and stillbirths by 2030, from a 2016 baseline



Adapted from: Bhutta ZA, et al. Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost?

# Action is needed now

- Reaching the SDG target by 2030 requires high coverage of quality care for small and sick newborn
- Major returns in investment in terms of lives saved, reduced disability and human capital
- Feasible despite Covid-19 pandemic which should be used as an opportunity to strengthen newborn care services





Quality newborn care will lead to better outcomes for newborns and their families, strengthen the healthcare system, and build human capital

**THANK YOU**