



## STATE OF THE WORLD'S NEWBORNS: PAKISTAN

Saving Newborn Lives



“Fathers don’t think much about childbirth; they let their wives worry about it. But they should be more involved. These are their sons and daughters, after all, the next generation, the future of their country.”

**Nabeela Ali**  
Save the Children Pakistan

### REDUCING NEWBORN DEATHS

Pakistan faces a daunting set of challenges at the start of the new millennium: a burgeoning population, an economic recession, and considerable political instability. In spite of this burden of adversity, Pakistan has made notable progress in some key health indicators: Infant mortality has dropped from 139/1,000 (1960) to 91/1,000 live births (2001); life expectancy has increased by seven years for men and nine years for women (between 1980 and 1999), and the use of contraceptives has increased from 5.5 percent in 1968 to 23.9 percent in 1998.

In other indicators, however, and particularly in neonatal health, the news is not as encouraging. The sev-

Saving Newborn Lives has identified cost-effective interventions, which will prevent most newborn and maternal deaths:

### CARE 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

- Improve the nutrition of pregnant women
- Immunize against tetanus
- 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

- 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

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

- 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

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

#### SPECIAL ATTENTION

- 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



#### THE BURDEN OF HIGH NEWBORN MORALITY

Pakistan has the second highest number of newborn deaths (270,000) and the fourth highest rate of neonatal mortality of all countries. Indeed, as overall infant mortality has continued to decline since 1950, neonatal deaths have remained steady for the last 20 years—and now account for more than half of all infant mortality in the country. It would appear that any further success in reducing infant mortality in Pakistan would require better ways to safeguard the health and survival of newborns.

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This loss of newborn life is all the more tragic for being largely preventable, brought about by conditions that have been shown to respond well to low-cost, low-tech interventions that are well within the capacity of the existing health system. By and large, improving the survival and health of newborns in Pakistan depends on increasing the knowledge of essential newborn care and increasing access to the means for saving them. Before we can provide the appropriate solutions for newborn care in Pakistan, we need to better understand newborn mortality and document its causes.

#### NEWBORNS AT RISK

Every year, out of 5.3 million births in Pakistan, 270,000 newborns die—a rate of neonatal mortality roughly ten times higher than in the United States. Sixty percent of these deaths occur during the first week of life.

It is difficult to be precise about the causes of neonatal death in Pakistan since nearly 80 percent of births take place at home, while most of the available data comes from hospital statistics. Based on the available data from hospitals and a limited number of community-based studies, birth asphyxia, low birth weight (LBW) or prematurity,

and tetanus account for almost two-thirds of all neonatal deaths.

The high rates of birth asphyxia are compounded by the fact that babies are generally born at home. Even if parents take their newborns to health facilities, most are not equipped to treat birth asphyxia due to a lack of equipment and medication.

Approximately one-quarter of all Pakistani newborns are low birth weight, and studies show that between half and three-quarters of all neonatal deaths occur among low birth weight babies. Moreover, the data suggest a close correlation between low birth weight and maternal malnutrition and with the social and economic status of mothers, especially the lack of education and empowerment.

In spite of longstanding efforts to fight the disease, Pakistan currently has the third highest burden of death due to neonatal tetanus in the world. The World Health Organization (WHO) estimates that 26,400 neonates died of tetanus in 1997, 26 percent less than in 1990. Overall, the percentage of pregnant women receiving tetanus immunization remains low (52 percent). Other infections such as diarrhea, acute respiratory infections, sepsis, and meningitis still represent potentially lethal problems for neonates.

Certain newborn care practices are also believed to contribute to high neonatal mortality. While more studies need to be done in the community, it is known that cord cutting and cord care practices are unhygienic and contribute to tetanus and other infections. A community survey in Sindh found that most women did not recognize the danger signs of common infant conditions and that no particular attempt is made to monitor the newborn's temperature.

Breastfeeding, though prevalent, is rarely exclusive and often not sus-

tained during the crucial first month. While many women initiate breastfeeding within the first 24 hours after birth, it is usually not the first feed for infants (honey is the preferred choice). A study in Lahore found that only 9 percent of infants were still being exclusively breastfed at one month. On the whole, rural women seem to breastfeed more consistently than urban women. Colostrum, or first milk, is traditionally discarded and even regarded as harmful among many women (though more recent data from Karachi and Jhelum suggest this attitude may be changing). In general, the risk factors contributing to high neonatal mortality in Pakistan are:

- the high percentage of home deliveries unattended by skilled care,
- a birth interval of less than 24 months,
- pregnancy order greater than six, and
- maternal or paternal illiteracy.

#### **MOTHERS AND NEWBORNS: THE TIE THAT BINDS**

The health of the mother is inextricably linked to the health and survival of the newborn. In this context, the low tetanus toxoid immunization rate among pregnant women in Pakistan and the correspondingly high rate of neonatal tetanus (third highest in the world) are a cause for great concern. Two other key factors in a mother's health are malnutrition and anemia, and the indicators here—nearly 40 percent of pregnant women are malnourished and anemic—are another cause for concern, especially in view of the well-established link between maternal malnutrition and low birth weight (one of the chief predisposing factors in neonatal mortality). It is widely held that most women eat less during pregnancy—only 19 percent reported eating more, in one study—for fear of having a

large baby and a difficult delivery. Only 25 percent of pregnant women report taking iron supplements, most waiting until the sixth month, citing poverty and ignorance of the need for supplements as the main reasons.

The amount and quality of antenatal, delivery, and postnatal care are other key contributors to newborn health. In Pakistan, only one-third (30 percent) of women seek any kind of antenatal care, and one-third of those seek care from *dais*, traditional practitioners of varying skill levels, many of whom are not aware of common risk factors (malnutrition, infectious diseases, maternal tetanus, etc.). The situation does not improve at delivery, 80 percent of which take place at home, and where the same cadre of caregivers (*dais*) attend between 65 percent (urban average) and 90 percent (rural) of all births. *Dais* often do not recognize common danger signs, such as prolonged or obstructed labor and antepartum hemorrhage, and do not make the necessary referrals. And many *dais* are not aware of hygienic delivery practices or proper post-delivery care. Training for *dais* has recently fallen out of favor due to the perception that it has had no impact on the quality of health care delivery.

Postnatal care, defined as any visit to a health care provider within three months of delivery, is sought by only one-quarter of Pakistani women. It should be noted that in all three cases—the antenatal, delivery, and postpartum periods—even women who do seek (or are referred to) skilled care may not receive it due to the uneven quality of available services.

Maternal mortality (MM) in Pakistan (another key determinant of neonatal outcome) is among the highest in the region (though no one MM figure is generally accepted) and has apparently not declined in the last 40 years, according

to hospital data. The most common causes of maternal mortality are hemorrhage, sepsis, and eclampsia. Studies have shown that newborns whose mothers die are eight times more likely to die than those whose mothers live.

## PLOTTING A COURSE

The Saving Newborn Lives initiative of Save the Children US, a global effort supported by the Bill & Melinda Gates Foundation, can play an important role in helping the Government of Pakistan, NGOs and international agencies address the problems of maternal and newborn health. By working as partners, building on existing efforts, and putting lessons learned into widespread practice, stakeholders can provide access to improved health care for Pakistan's newborns.

New efforts in newborn health should be strategically focused: first, health care programs should be based in the home and community facilities through local caregivers. Second, all efforts should recognize and address the link between the health of the mother and the health and survival of the newborn.

Four areas in which the support and collaboration of the Saving Newborn Lives initiative could make a special contribution are:

**1. Research and data collection** The condition of the newborn has not been well documented, is not well understood, and is therefore not being systematically addressed. There is an urgent need to gather and disseminate information nationwide on all aspects of both maternal and neonatal disease and death: perinatal and maternal mortality rates; clinical causes and risk factors for perinatal, neonatal and maternal mortality; and maternal and neonatal household practices, including health-seeking behaviors. Without good

information, it will not be possible to identify priorities, allocate resources, identify and replicate successful interventions, and design, implement, and evaluate new initiatives.

## 2. National newborn health policy

While newborn health care can be integrated into efforts targeted at other groups (mothers and children), the Government of Pakistan should design policies addressing the unique needs of newborns. Pakistan needs a cohesive, long-term policy on newborn health, with both short-term and long-term goals. Among the former are the need for a maternal and perinatal task force to formulate national policy; standard service delivery protocols; national surveys to collect data; guidelines and role clarification for the various levels of public health care providers, especially for Lady Health Workers; and the development and introduction of an essential newborn care package. (See next page.) Long-term goals are: better training for all levels of skilled providers, establishing birth and death registers, developing improved processes and facilities for handling neonatal and obstetric emergencies, tetanus eradication, and the successful nationwide implementation of an essential newborn care package.

**3. Advocacy** Advocacy efforts should aim at encouraging support for the policies mentioned above, and especially for developing common standards of newborn and maternal care. Mechanisms should be put in place to permit frequent contact among all players and to disseminate information on neonatal and maternal health, including new findings, research results, and updates on promising technologies and interventions, especially those that could be easily replicated.

**4. Programs** The Saving Newborn Lives initiative can strengthen and integrate newborn care into existing safe mother-



## THE KEY TO A HEALTHY NEWBORN

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hood and child survival programs and help devise and implement new ones. Program areas that need special attention include: health workers trained in the essential newborn care package, including recognizing danger signs and providing nutrition counseling; maternal malnutrition and diet supplementation; tetanus immunization; social marketing for clean delivery kits; hygienic delivery and immediate postpartum care; upgrading the capacity of health facilities to better manage asphyxia and infections; and behavior change strategies to improve household practices, including reaching men and other family members.

While considerable attention and resources have been devoted in recent years to the problems of mothers and infants, newborns have been largely overlooked. As we turn our attention to this neglected population, our task is not identifying problems and finding solutions, but taking what we already know to increase awareness and put existing solutions into practice.

#### **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.

Saving Newborn Lives is a key component of Every Mother/Every Child, Save the Children's global effort to improve the well-being of mothers and children in developing countries. Through this effort, Save the Children is helping to ensure that every mother has access to education, adequate nutrition, maternal and child health care, and economic opportunities so that she and her children can survive and thrive.

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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