

SURVIVE and THRIVE

Transforming care for every
small and sick newborn

WHY THIS REPORT?

- Global target to achieve health for all is not possible unless the world transforms care for every newborn
- Without rapid progress, some countries will not meet this target for another 11 decades

Chapter 1: Now is the time to transform care for newborns

Chapter 2: What the numbers say

Chapter 3: Deliver the care they are entitled to

Chapter 4: Ensure they thrive

Chapter 5: Use data for action

Chapter 6: Immediate action is needed



CHAPTER 1

Now is the time to transform care for newborns

Speakers:

10 am CEST

Mary Kinney, Save the Children.
Dr Ajay Khera, Commissioner MCAH in the
Ministry of Health

1 pm CEST

Dr. Lily Kak, USAID.
Silke Mader, European Foundation for the Care of
Newborn Infants

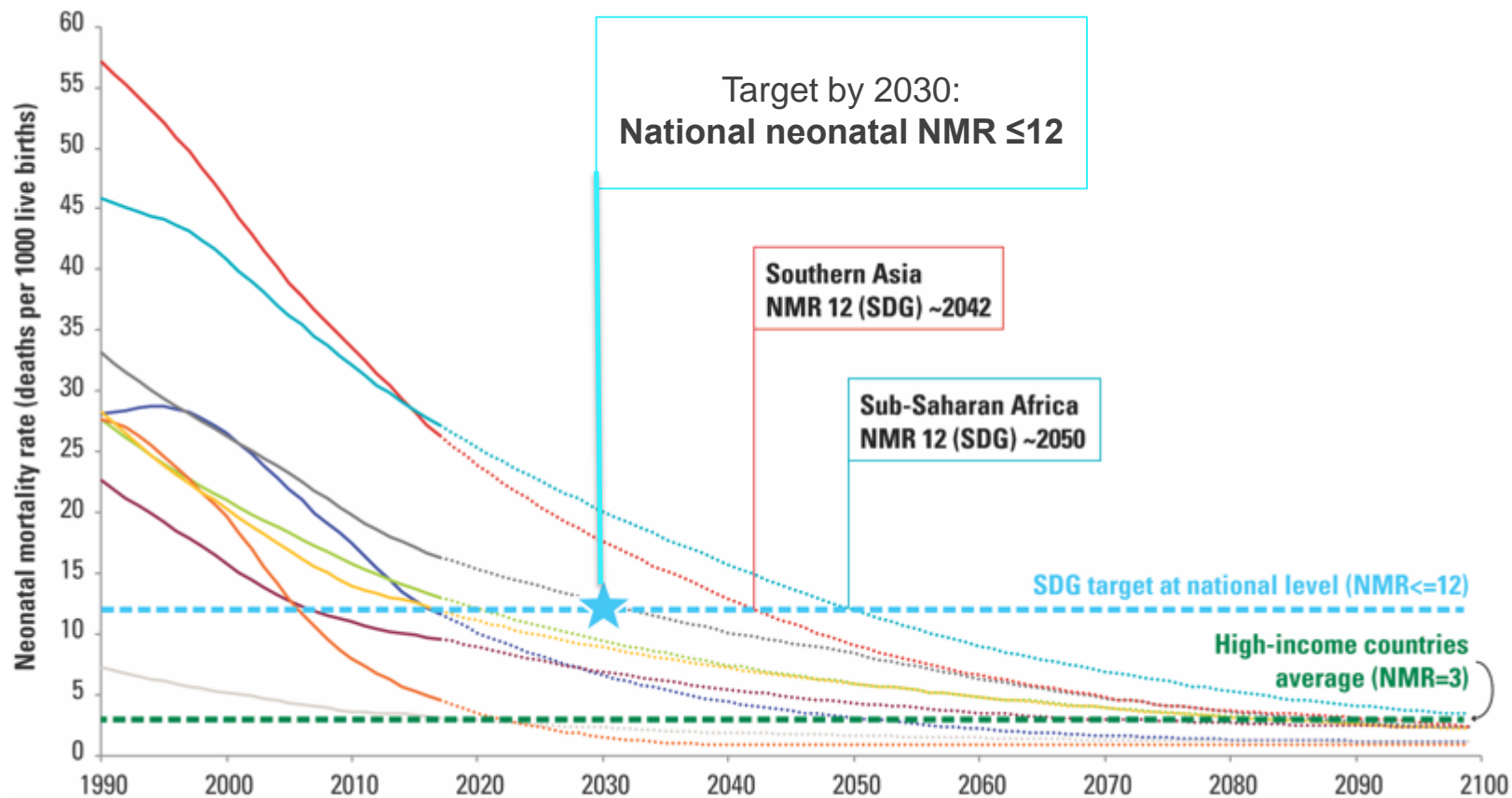


KEY MESSAGES

- Meeting global targets for the survival of newborns and children aged under 5 years requires adding special and intensive levels of care to well-established obstetric and essential newborn health services.
- Every newborn has the right to survive and thrive.
- Family-centred care offers proven benefits for newborns, as well as for parents, families and health workers.
- Lessons from the past inform priorities for our future.



Projected year that each region will reach SDG national target and equal the average neonatal mortality rate for high-income countries



MYTH

Roll-out of essential newborn care at current rate will achieve the 2030 SDG target of ≤ 12 newborn deaths per 1000 live births.

FACT

Extensive extra measures needed to achieve the target in *all* settings:

- Effective high coverage of antenatal care, essential childbirth/newborn care, postnatal care, **inpatient care for small and sick newborns**

Newborn deaths are declining too slowly to meet agreed global targets.

Definitions: Who are the most vulnerable newborns?

Clinical perspective	Public health perspective
<p>Newborns who are born:</p> <ul style="list-style-type: none"> • too soon (< 37 weeks' gestation) • too small (< 2500 g birth weight) • acutely ill 	<p>Newborns who are born small and sick in:</p> <ul style="list-style-type: none"> • the most marginalized groups • rural areas • urban slum environments • humanitarian settings

- Vulnerability is most acute in low- and middle-income countries

MYTH: Focus is needed at the community level, not the hospital level.

FACT: Globally, 80% of births now take place in facilities; community care is more effective when linked to care in health facilities

Visionary strategies and frameworks



Millennium Development Goals (MDGs)



Sustainable Development Goals (SDGs)



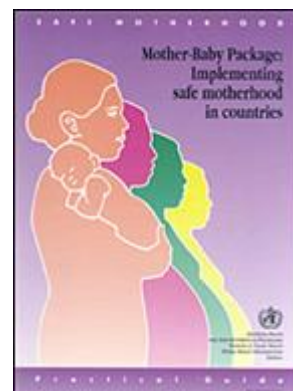
Global Strategy for Women's, Children's and Adolescents' Health



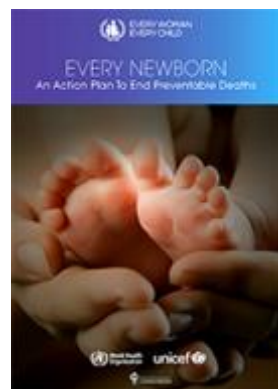
Universal Health Coverage (UHC)



Convention on the Rights of the Child (CRC)



Safe Motherhood Initiative



Every Newborn Action Plan

REFERRAL AND TERTIARY LEVEL FACILITY	Reproductive health including family planning	Management of pregnancy complications	Skilled care at birth Comprehensive emergency obstetric and newborn care	Essential newborn care Special and intensive care for newborns Postnatal care	Hospital care of childhood illness
FIRST AND SECONDARY LEVEL FACILITY	Reproductive health including family planning	Pregnancy care	Skilled care at birth Basic emergency obstetric and newborn care	Essential newborn care Care of small and sick newborns Postnatal care	Prevention and management of childhood illness
COMMUNITY	Adolescent and pre-conception health care and nutrition Gender violence prevention	Counselling and birth preparedness	Home birth with skilled care and clean practices	Essential newborn care Postnatal home visits for mothers and newborns	Ongoing care for the child at home

1000 days of compassionate, nurturing care from survival, to thrive for early childhood development

INTERSECTORIAL—Improved living and working conditions including housing, water and sanitation, and nutrition; education and empowerment especially of girls; folic acid fortification; safe and healthy work environments for women and pregnant women

PRE-PREGNANCY PREGNANCY LABOUR AND BIRTH POSTNATAL CHILD



WHO Framework on Integrated People-Centred Health Services

Every newborn's rights

The Convention of the Rights of the Child (CRC) ensures newborn health is a **human rights** issue:

- All children have a right to the highest attainable standard of health and health care
- WHO Member States are obliged to reduce infant and child mortality – CRC Article 24

Other **declarations** from professional associations/expert bodies:

- Parma Charter of the rights of the newborn (2011)
- Abu Dhabi Declaration for Every Woman Every Child Everywhere (2015)



For Every Woman Every Child Everywhere

Upholding health and wellbeing for women, newborns, children and adolescents in humanitarian and fragile settings

The Abu Dhabi Declaration

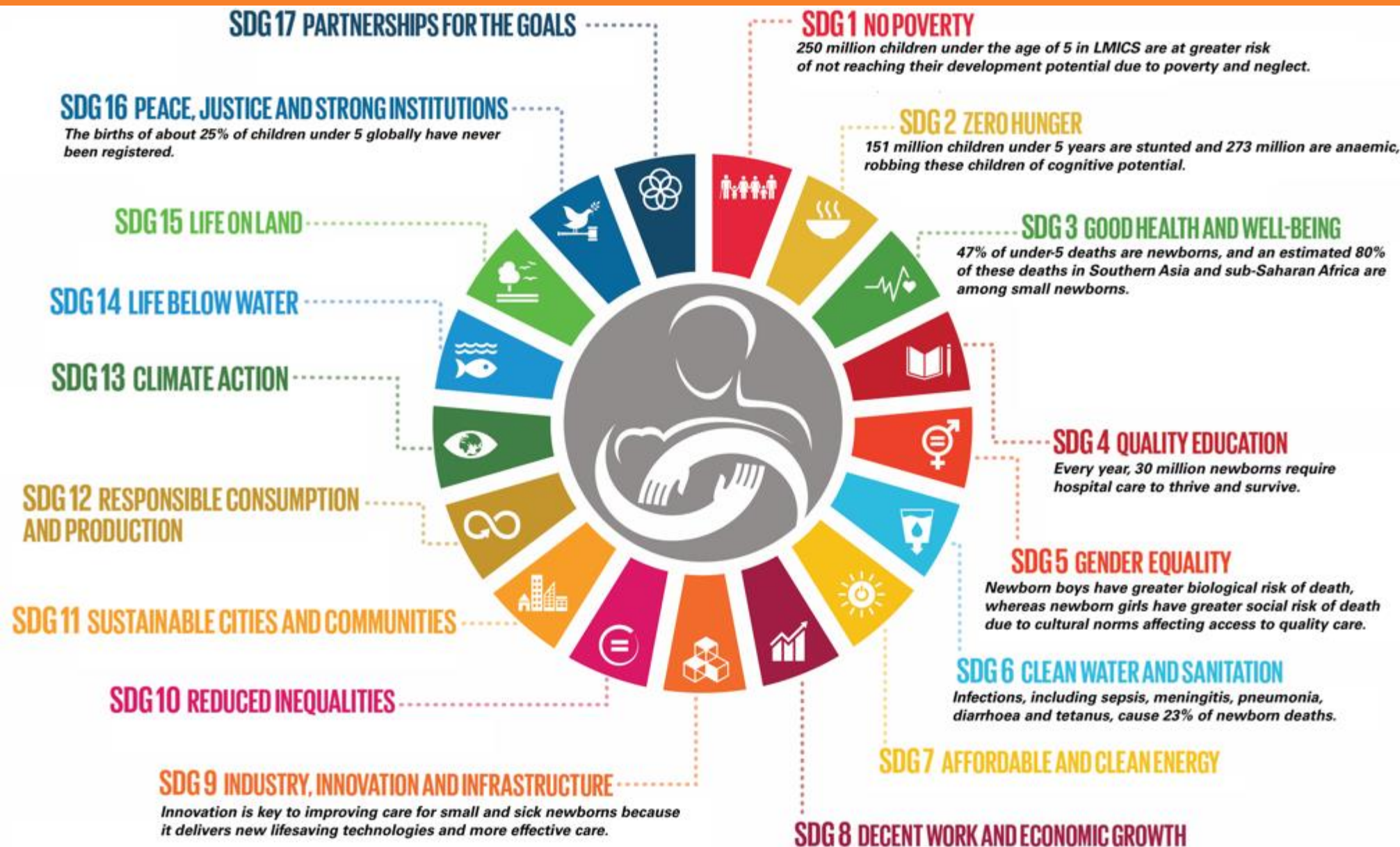
Development and humanitarian experts in reproductive, maternal, newborn, child and adolescent health (RMNC&A health), who, in February 2015, met in Abu Dhabi UAE, urge the global community to join them in upholding this declaration for the dignity, health and wellbeing of every woman and every child – in humanitarian and fragile settings.

A Context of Responsibility and Opportunity

CHAPTER 1. Now is the time to transform care for newborns

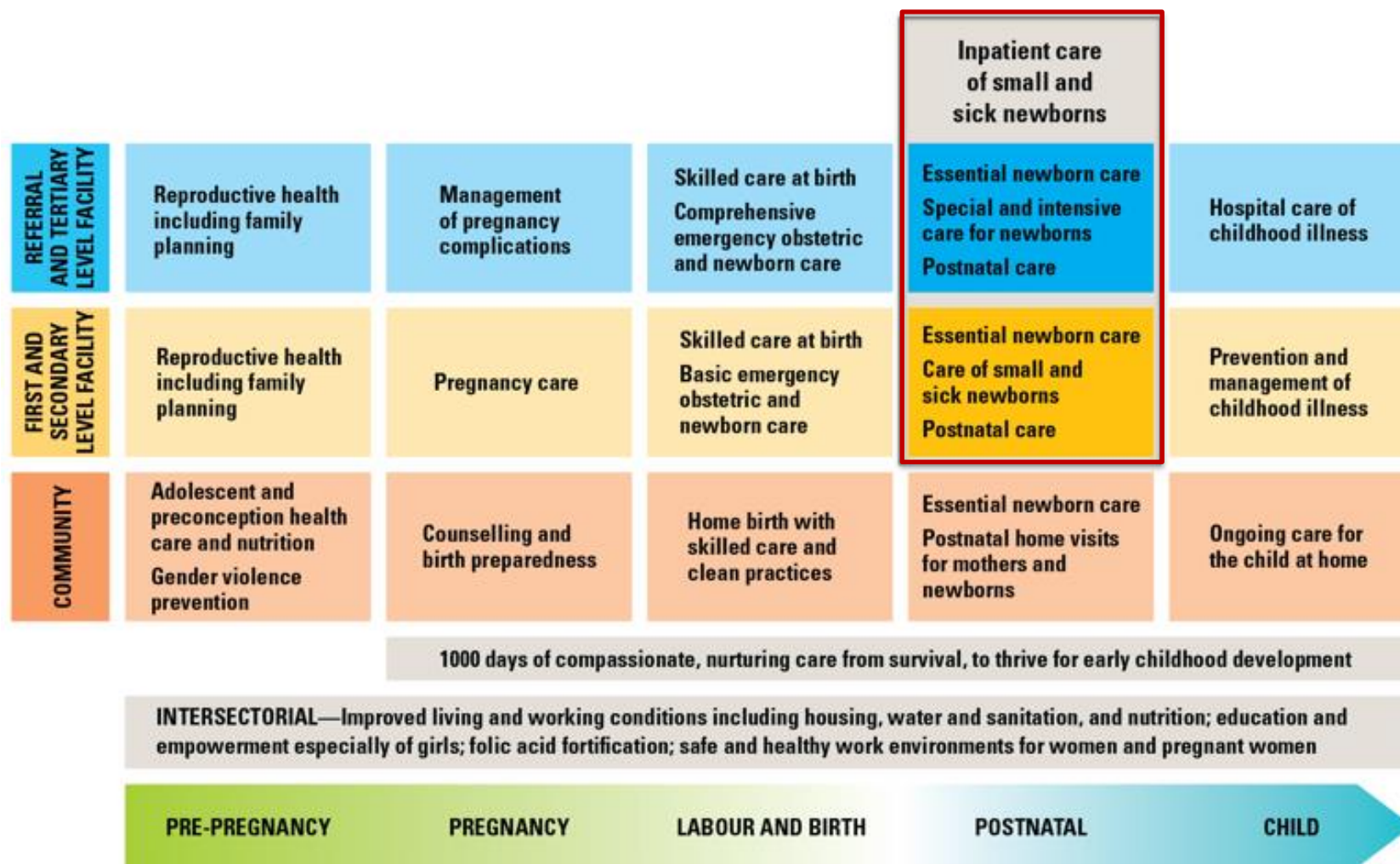
The SDGs:

unlocking human potential and well-being for small and sick newborns



Sources: Nurturing care Framework (4), Born to Survive (5), UNICEF, WHO, WORLD BANK. Joint child malnutrition levels and trends 2018 (14), and UNICEF data: of children and women (15).

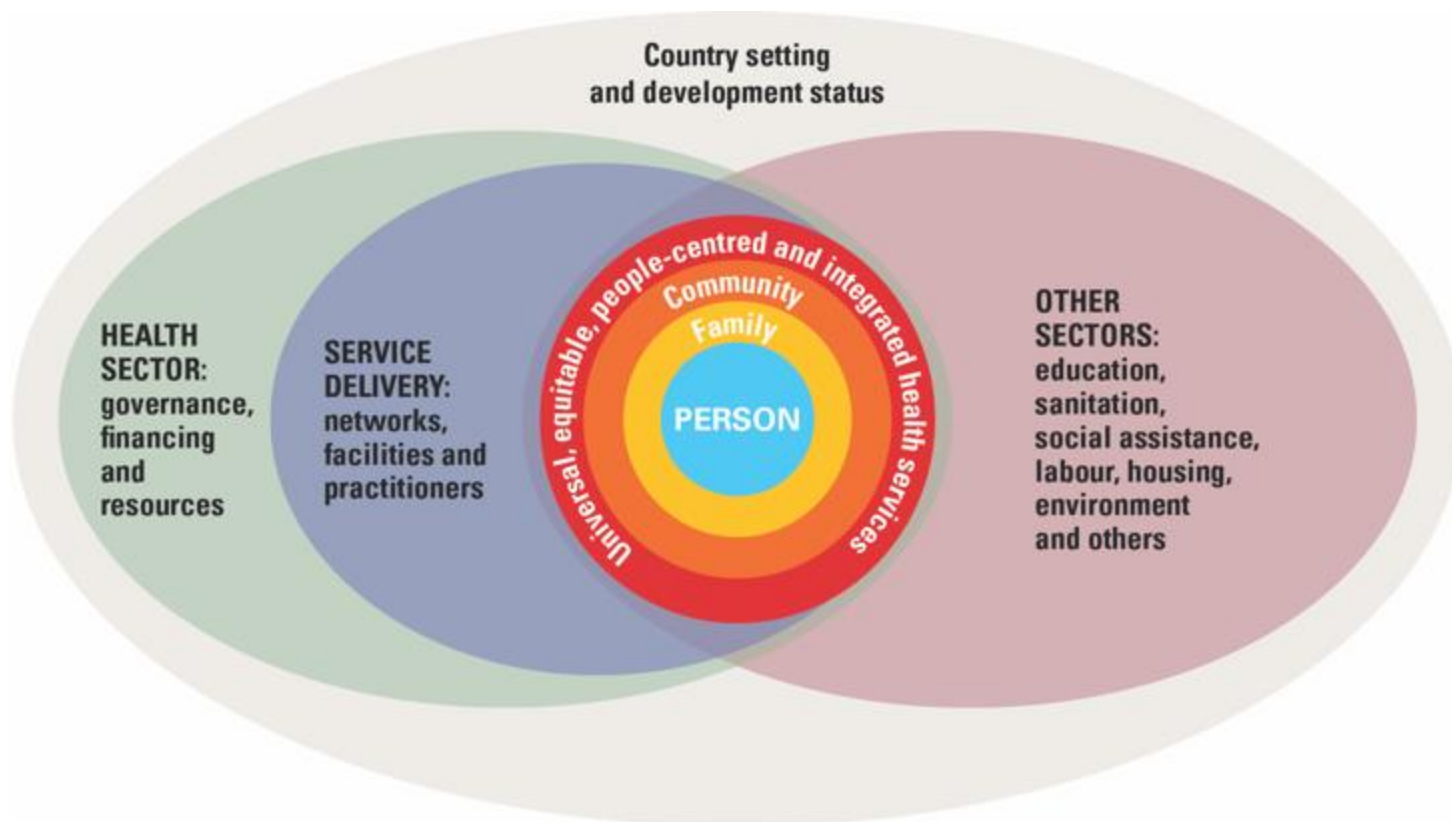
How inpatient care for small and sick newborns fits within the continuum of care for women's and children's health



Adapted from: Every Newborn Action Plan.

Integrated people-centred health services

WHO Framework adopted at 69th World Health Assembly (2016)



Source: WHO Framework on integrated people-centred health services (16).

5 interdependent strategies

- Empower and engage people and communities
- Strengthen governance and accountability
- Reorient model of care
- Coordinate services within and across sectors
- Create an enabling environment

Family-centred care for newborn health



- Family-centred care principles: Dignity and respect, Information sharing, Participation, Collaboration
- Mothers, fathers and caregivers are active partners in the child's care → Parent and newborn = unit of care
- Demonstrated benefits for newborn's weight gain and neurodevelopmental progress

MYTH:

Allowing parents & family members to visit a child in the NICU will introduce infections.

FACT:

- Family-centred care does *not* increase infections
- Prevent infections with hand hygiene practice and access to human milk

The power of parent voices

- Historically, parents have played an important role to improve small and sick newborn care
- As parents consistently care for newborns, they become “patient experts”
- Parents are a great asset advising inpatient newborn care units seeking to improve quality, safety and family-centred care



Examples:

Location	Group	Description
Colombia	La Liga de Los Múltiples (The League of Multiples)	Founded by parents of triplets, for parents of multiple births
France	SOS Préma	Established National Assembly working group, developed policy recommendation: small & sick newborns should receive family-centred care in hospital

Parents' Stories



“When my children were born too soon, I experienced an emotional rollercoaster and was struggling with the challenges of preterm birth. A strong partnership between health-care professionals and parents is the best way to face the [challenges] of having a small and sick newborn and to overcome the obstacles.

– Silke Mader, parent, advocate and founder European Foundation for the Care of Newborn Infants and The Global Alliance for Newborn Care

The power of parent representatives

- Learn from each other and provide professional trainings and information in several languages
- Develop strategies to get a voice, e.g. World Prematurity Day, the European Standards of Care for Newborn Health
- Founding GLANCE - a global network for parents



Parents' Stories

Ghanaian mother channels trauma to build African advocacy organization

“Now I’m a walking advocacy machine. I find so much fulfilment by channelling my pain positively through finding new avenues to save more [premature] babies. We need to let the public know that these babies can survive so that the next generation will have a better story to tell regarding prematurity.”



– Selina Bentoom, founder and executive director
African Foundation for Premature Babies & Neonatal Care

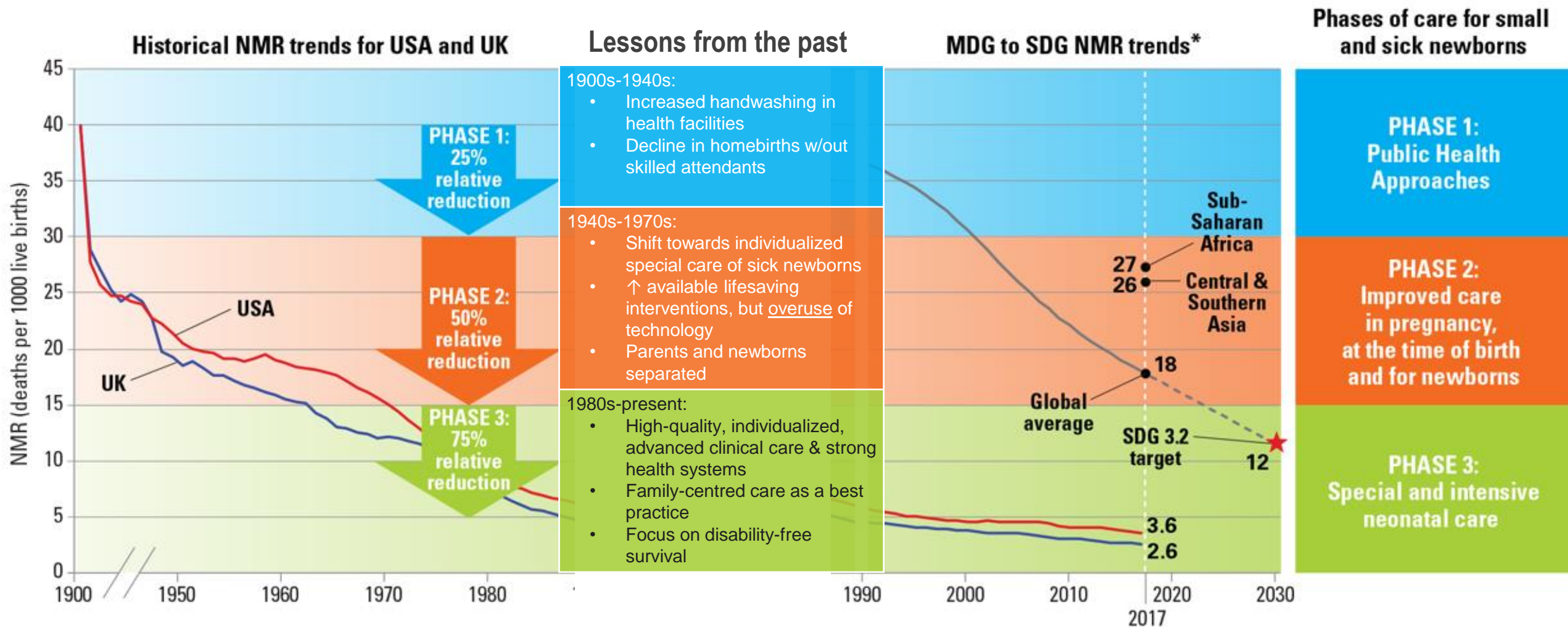
Pictured: King Luther at birth (L)
and with his mother Selina at age 3 (R)

Lessons from the past

Countries that have substantially reduced newborn deaths can provide guidance for other countries.



Historical and current mortality reductions by phases of care



*SDG 3.2 target: all countries to reduce neonatal mortality to at least as low as 12 per 1000 live births by 2030.
Sources: UN IGME 2017 estimates, March of Dimes, PMNCH, Save the Children, WHO. Born too soon: the global action report on preterm birth.

Lessons from the past

- Routine **separation** puts mothers and newborns at risk for medical and developmental complications *regardless of setting or level of care*
- There is an urgent need to adapt and scale up:
 - Family-centred care
 - Special and intensive newborn care
 - Competent and equipped health providers



Future webinars will present:

- What the numbers say
- How to deliver care they are entitled to
- Ensuring they survive
- How to use data for action
- Immediate actions needed
- New standards of care



***Action must be taken now
to save more than 1.7 million newborns each year.***



in collaboration with



Preterm Birth Initiative



University of California San Francisco



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DEDICATED TO THE HEALTH OF ALL CHILDREN®



SURVIVE and THRIVE: Transforming care for every small and sick newborn

#EveryNewborn #EveryChildAlive

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