The WFSA thanks the WHO for the opportunity to comment on the draft action plan which represents a valuable recognition of the fact that newborn survival has lagged behind maternal and under-five survival and which provides a welcome initiative in addressing this gap.

The WFSA is however disappointed that there is no mention of anaesthesiology or anaesthesiologists in any of the document. Although we recognise that this is a general document, the lack of any mention of anaesthesiology suggests a lack of insight into the valuable role that anaesthesiology can have in preventing death and achieving positive health outcomes for both newborns and their mothers.

We have split our response into two sections, first being the commentary from our Obstetrics Committee and second being the view from our Paediatrics Committee. From Obstetrics we have listed below all the paragraphs where anaesthesia could be listed specifically – the most notable in bold. In both sections the number of points that are of direct relevance to our area of medicine is noteworthy and we would recommend that these are given serious consideration and / or that a separate paragraph be included in the action plan that recognises the potential benefits of anaesthetic practitioner support.

From an Obstetrics perspective the main benefits of anaesthetic support are:

Whilst in terms of maternal outcome, and immediate post-delivery neonatal status, it is accepted that anaesthetic practitioners can only impact on the minority of women who have managed to get themselves to a hospital for delivery, for those that do, anaesthetic practitioners can provide several different valuable functions.

Anaesthesia providers (whether physician or non-physician) can and should contribute a valuable part in improving the safety of childbirth for both mother and baby, hence helping to reduce early neonatal morbidity and mortality. Examples include direct actions such as providing effective resuscitation of shocked pregnant women (haemorrhage, sepsis, obstructed labour), providing safe anaesthesia for assisted delivery or caesarean section, and providing effective immediate neonatal resuscitation.

Reducing the morbidity and mortality rates of pregnant women is clearly a goal which will consequentially directly reduce intrapartum stillbirths and early neonatal deaths, as well as improving the quality of life and support provided to newborn babies by their mothers. This is a key area where anaesthetic practitioners can play a vital role.

Specifically, we suggest amendments to the following sections:

4. In considering the critically ill mother at risk of maternal death and intrapartum stillbirth, anaesthetic practitioners can play a considerable role in providing effective care for mother and baby.

5. The hours that precede childbirth, considered critical and the time of greatest risk to mother and baby, are the time that anaesthetic practitioners can have greatest influence and support (assuming the mother has reached hospital).

11. Presence of anaesthetic practitioners may have a direct and positive impact on the incidence of intrapartum-related neonatal deaths by providing appropriate resuscitation and safe and timely anaesthesia when expedited delivery is indicated.

12. Reducing the maternal mortality rate is important in improving the social environment for the newborn, and anaesthetic practitioners play a vital role in keeping critically ill mothers alive.

14. Availability of anaesthetic practitioners is vital for good-quality care during labour, birth and in the immediate postnatal period to prevent the onset of complications, enable their early detection and prompt management.

23. Anaesthetic practitioners, and their professional organisations (e.g. WFSA) should be mentioned as part of the collaborative team delivering healthcare to mothers and newborns.

26b. Anaesthesia should be mentioned as part of the collaborative team delivering healthcare to mothers and newborns.

29.1 Anaesthesia should be mentioned as part of the collaborative team delivering healthcare to mothers and newborns.

29.2 Anaesthesia should be mentioned as part of the collaborative team delivering healthcare to mothers and newborns.

30. – 40. Anaesthesia should be mentioned as part of the collaborative team delivering healthcare to mothers and newborns.

44. When women are needing life-saving commodities, the presence and involvement of anaesthetic practitioners is likely to be most useful and effective

46. The value of anaesthetic practitioners as part of the professional team should be noted

49. The value of anaesthetic practitioners as part of the professional team in secondary and tertiary care facilities should be noted
50. When women are needing life-saving commodities, the presence and involvement of anaesthetic practitioners is likely to be most useful and effective, and their value as part of the professional team in secondary and tertiary care facilities should be noted

Summary of key actions for strategic objective 2: Bullet point 3 - The value of anaesthetic practitioners as part of the professional team should be noted

57. The value of anaesthetic practitioners as part of the professional team should be noted

101. The provision of anaesthetic support should be integrated into future health packages targeting improvements in maternal and child health

Dr Paul Howell, Chair, WFSA Obstetrics Committee

Further to the above the WFSA Paediatrics Committee is surprised that in WHO’s draft Action Plan to end preventable deaths of Newborns, there is not one word about the anaesthesiologist’s role. We would therefore like to thank you for the opportunity to provide comment.

Looking at: **Fig 1: Causes of death in children under five years of age** in the draft we note that in at least one quarter of the cases paediatric anaesthesiologists can be very useful team members: Congenital abnormalities 4%, Injuries 4%, Neonatal sepsis & other infections 5%, Birth asphyxia & trauma 10%. At least half of the babies not breathing spontaneously after birth are resuscitated with **bag and mask ventilation** and at least half of the newborns with possible serious bacterial infection receive antibiotic therapy.

Paediatric anaesthesiologists should be included in the plan as resuscitators, as those who perform neonatal anaesthesia, or as intensivists. In the hospital environment, for those babies who need intensive care, it is anaesthesiologists who play a vital role performing interventions such as: oxygen therapy, continuous positive airway pressure, intravenous fluids resuscitation and life-saving drug therapy, when serious complications arise. Newborns that undergo anaesthesia should be managed by anaesthesiologists whose competences in paediatric anaesthesia are adequate. It is proven that the occurrence of intra-operative cardiac arrest is significantly lower in infants anaesthetized by a paediatric anaesthesiologist.

Of course, we do not underestimate the impact of social/economic determinants of health on newborn mortality. Access to high-quality newborn care depends, among other factors, on the availability of skilled health workers who are motivated, adequately equipped and equitably distributed.

Education and information are therefore crucial. There is overwhelming evidence that the standards for education of physicians, nurses and midwives are low in many countries. Even more, they sometimes have to deal with critically ill patients, because they do not have time to transport them to specialized centres. Approaches, such as coaching, mentoring, accreditation and continuous education, should be considered and evaluated. Education in paediatric anaesthesia should not rely only on technology. We should develop other aspects of teaching, such as interactive teaching. It can inspire people to develop other qualities, teach them to use already acquired knowledge and skills and to improve their own environment. Team work is essential and should be multidisciplinary. Interactive teaching can teach them to listen carefully to each other, to respect another opinion and to work together in order to solve problems.
We should also organize frequent and high quality continuous medical education programs in the field of paediatric anaesthesiology and resuscitation for health care practitioners, because in some countries there are no physicians providing even general anaesthesia. One of the programs WFSA supports is “SAFE Paediatrics,” a 3 day course for anaesthetists (doctors and non-doctors) working in low-income countries aimed at enhancing their skills to provide quality paediatric anaesthesia care.

Information technology can assist in real-time monitoring and advice for health care practitioners all over the world. For example WFSA is in the process of acquiring a ListServ account with the University of Ottawa. This should allow us to have hundreds of participants worldwide. This system is going to be e-mail based, ensuring prompt replies and consultation about upcoming complex cases and debrief cases. It will also allow discussions about the issues relevant to paediatric anaesthesia globally. Hopefully with time, relationships would be established which will allow more instant contact to discuss impending cases.

WFSA totally agrees that closing the gap in coverage of maternal and newborn interventions between rich and poor will save lives. Access to high-quality health care is a human right. It is indeed important to ensure that maternal and newborn health services are available, of good quality and at an affordable cost at the point of use (which would mean free to the majority of people).

Evidence is strong that life-saving interventions can be delegated to mid-level health care workers, but only if they are appropriately educated and trained. Raising public awareness of the paediatric anaesthesiologist’s role and increasing community involvement can accelerate improvements in quality of care. Of course a lot of personal initiative, creativity and enthusiasm with the help of professional organizations, such as WFSA, is needed. But bearing in mind our mission - to ensure the highest standards, quality and safety - we should try to do our best and this includes promoting the inclusion of anaesthesiology in any plan to end preventable deaths amongst newborns.

Dr Dusica Simic, Chair, WFSA Paediatrics Committee