NEWBORN HEALTH

Global efforts to reduce child mortality have had most impact on children who have already survived their first month of life. In 2015, there were 2.7 million neonatal deaths (deaths within the first 28 days of life) globally, which represents 45% of all deaths among children under five. The vast majority of newborn deaths is preventable, with 73% occurring within seven days of birth, and require many of the same investments in health systems that are needed to improve maternal health outcomes.

ACHIEVEMENTS

Neonatal mortality (NMR) rates have declined across all WHO regions since 1990, with the global rate falling from 36.2 to 19.2 deaths per 1000 live births between 1990 and 2015, a 47% decline. Yet, the percentage of deaths in children under five that occurred in the neonatal period increased from 40% to 45% because mortality at age 1–58 months declined faster. The Western Pacific Region experienced the greatest decline in the NMR at 75%, while the Eastern Mediterranean Region and the African Region the smallest (both 38%). Since 2000, neonatal mortality has fallen largely due to decreases in deaths from its two main causes, birth asphyxia (34% of total reduction) and prematurity (21%). Deaths due to neonatal tetanus have fallen by over 80% (Figure 4.13).1

The vast majority of newborn deaths are preventable, with 73% occurring within seven days of birth, in so far as this leads to better access to quality health services. Restricting on marketing of breast-milk substitutes and urbanisation conducive environment and mitigate risks (e.g. maternity protection, and unconditional cash transfers), policies and legislation to create a positive environment for family planning, antenatal care, skilled attendance at birth and postnatal care services is increasing.

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MAIN SUCCESS FACTORS

Country improvements in service coverage: Coverage of interventions for family planning, antenatal care, skilled attendance at birth and postnatal care for mother and baby in the first week of life are expected to lower NMRs.2 There is, for example, a correlation between NMRs and coverage of skilled attendance at birth (Figure 4.14). The fraction of babies protected against tetanus at birth rose from 60% in 1990 to 83% in 2014.2 By 2014, 60 out of 75 countries with a high burden of maternal and newborn mortality reported having a policy on home-based newborn care for mother and baby.2

Global commitments/partnerships: Much of the decline in neonatal mortality occurred before the global community started to prioritize newborn health, largely driven by the increasing relative importance of deaths in the first month of life. Many governments and partners responded to the UN Secretary-General Global Strategy for Women’s and Children’s Health in 20103 and its accompanying Every Woman Every Child initiative4 as well as to recommendations made by the Commission on Information and Accountability5 and the UN Commission on Life-Saving Commodities for Women and Children.6 The global movement Committing to Child Survival: A Promise Renewed was initiated in 20126 and the global Every Newborn Action Plan (ENAP) was published in 2014.6

Non-health sector determinants: Other factors that have contributed to improved newborn survival include better water and sanitation, maternal education, poverty reduction, social protection (including conditional and unconditional cash transfers), policies and legislation to create a conducive environment and mitigate risks (e.g. maternity protection, restrictions on marketing of breast-milk substitutes) and urbanisation in so far as this leads to better access to quality health services.7

CHALLENGES

Scaling up effective interventions: Low coverage and poor quality maternal and newborn health care account for high rates of newborn mortality (Figure 4.15) as well as maternal mortality and intrapartum stillbirths.8,9 Interventions with the greatest bottlenecks to scaling up are those related to the prevention and management of preterm births, inpatient supportive care of ill and small newborn babies, the management of severe infections, and kangaroo mother care.8,9 It has been estimated that almost 3 million maternal and newborn deaths and preventable stillbirths could be averted by 2025 for US$ 1.15 per person in the 75 worst affected countries if coverage levels of essential interventions around the time of childbirth and for small and sick babies would improve.8,9

Strengthening weak health systems: System constraints to scaling up effective intervention packages are found in all high-burden countries, particularly for health workforce, finance and service delivery for newborn health.8 Many high-burden countries face serious shortages in midwifery personnel, depriving women and newborns of essential care when they need it most.8

Overcoming inadequate postnatal care: Less than half of women and their newborn babies receive postnatal care within the first two days after birth.8 Postnatal care is particularly important for reducing newborn mortality that occurs on the first day of life, but care during the first weeks postpartum also has an impact on maternal and newborn health.8

Reducing inequity: Inequitable access to quality health care continues to be prominent, due to geographical barriers, financial barriers or cultural barriers. Inequalities in access to essential newborn interventions remain pervasive even in countries where use of antenatal, childbirth and postnatal care services is increasing.

Making every child count: Progress cannot be monitored without basic data collection. Only 59% of infants younger than 12 months have their newborns registered and their newborn babies receive postnatal care within the first two days of life.8,9 Making every child count Progress cannot be monitored without basic data collection. Only 59% of infants younger than 12 months have their newborns registered, with around 33% registered in south Asia and sub-Saharan Africa.8,10

Figure 4.13 Global cause-specific risks of neonatal deaths, 2000–2015

Figure 4.14 Current neonatal mortality rate (NMR) and skilled birth attendance coverage in selected countries1,6

Figure 4.15 Neonatal mortality rate (NMR), 2015

STRATEGIC PRIORITIES

The SDGs include a specific target for newborns: by 2030, achieve national NMRs of less than 12 deaths per 1000 live births. ENAP also includes a target on stillbirth: a reduction of the stillbirth rate to 12 deaths per 1000 total births. ENAP provides strategic directions on how to address the burden of preventable newborn mortality, highlighting that such investment will generate a triple return on investment, and also prevent maternal mortality and stillbirths. The main ENAP strategic objectives are:

• Strengthen and invest in care during labour, childbirth and the first day and week of life.

• Improve the quality of maternal and newborn care by introducing high-quality care with high-impact, cost-effective interventions for mother and baby together—in most cases, by the same health provider at the same time.

• Reach every woman and every newborn to reduce inequities, notably through the introduction of financing based on prepayment and pooling as the basis for UHC.

• Harness the power of parents, families and communities. Evidence has shown the power of engaged community leaders, women’s groups and community workers in turning the tide for better health outcomes for newborns.

• Count every newborn. There is an urgent need to improve health metrics globally and nationally, especially for birth outcomes and quality of care. Every newborn needs to be registered and newborn deaths need to be counted. Counting every maternal death and stillbirth is of equal importance.