

Neonatal Health Summary Sheet



What do I need to know?

- Two-thirds of neonatal deaths occur within the first week
- Two-thirds of neonatal deaths in the first week occur within 24 hours of life
- Major causes of neonatal deaths globally are: birth asphyxia (23%), infections (36%), and preterm complications (27%)
- Neonatal death contributes to 40% of under 5yr mortality globally

Preterm and LBW babies are at higher risk of complication and death

- Preterm babies are babies born before 37 weeks gestation, LBW (low birth weight) babies born with a birth weight of less than 2500 grams
- Low birth weight is associated with 60-80% of neonatal deaths

Infections : In very high mortality settings almost 50% of deaths are due to severe infections including neonatal sepsis, pneumonia, diarrhea and neonatal tetanus

Birth Asphyxia: When a baby doesn't begin or sustain adequate breathing at birth

- 5-10% of all newborns need resuscitation at birth
- Nearly 1 million babies die each year because they don't breathe normally at birth

When do I need to worry?

- Inadequate shelter, low temperature
- Low exclusive breastfeeding practice
- No or limited access to neonatal health care
- No or limited attendance of deliveries by skilled attendant
- No or limited care in the first 24-48hrs after delivery
- High neonatal tetanus rate and/or low TT coverage among women of reproductive age

How do I plan a Prevention/response program?

Link neonatal health response with primary health care and reproductive health care response plan.

In the acute initial phase:

- Ensure essential neonatal care is incorporated in the Minimum Initial Service Package for reproductive health
- Ensure that neonatal illness and death is included in surveillance format at community and facility level
- Promote immediate and exclusive breastfeeding, discourage introduction or promotion of artificial feeding
- Distribute baby cloth (hat and warm clothing) in contexts where it is needed (cold temperature)
- Include neonatal resuscitation kit in medical kit supplies

After the acute initial phase:

- Depending on program direction, child health or reproductive health include all the essential components of neonatal health care addressing the three main causes of mortality
- Include neonatal illness and death data in population-based surveys, monthly reporting formats

Surveillance

- In daily and weekly surveillance forms for mortality at community level include <1month or <28day age category
- In health facility weekly reporting formats , include a column for <1month morbidity and mortality
- Skilled birth attendance – coverage and TT2 coverage are indicators to monitor

How do I work with the community?

- Promote immediate and exclusive breastfeeding
- If needed organize 'private breastfeeding corners or rooms'
- Promote kangaroo mother care (KMC) – for the care of preterm/LBW babies
- Promote clean delivery practice, and attendance of births by skilled attendants
- Awareness where community can access neonatal, and maternal health care
- Train community health workers and volunteers on newborn care, and care in the first days of life

This document has been adapted from the following sources:

Opportunities for Africa's Newborns: practical data, policy and programmatic support for newborn care in Africa. Joy Lawn and Kate Kerber eds, PMNCH, Cape Town, 2006

Lancet Neonatal Series