



## GLOBAL HEALTH NEWBORN HEALTH

The first 28 days of a child's life – the neonatal, or newborn, period – carries the highest risk of death. It is also the most dangerous period for the newborn's mother. Each year, 2.5 million newborns die, and 2.6 million babies are stillborn. More than 1 million newborns die on the first day of life, making the day of birth the most dangerous day for babies in nearly every country.

Save the Children USA's newborn health programs focus on preventing and treating the main causes of newborn deaths: preterm birth, infections, and complications during childbirth, namely birth asphyxia. These three conditions account for more than 80% of newborn deaths. Basic, low-cost care can save up to two-thirds of newborn lives when provided by trained health workers. Examples of this care include the following high-impact interventions:

- essential newborn care for all babies (clean delivery, skin-to-skin after birth, cord care including chlorhexidine (a topical antiseptic) where appropriate, immediate/exclusive breastfeeding, resuscitation at birth for non-breathing newborns);
- facility-based Kangaroo Mother Care (KMC) and follow-up and support for continuation of KMC at home to improve survival of preterm and low birthweight babies; and
- identification and management of possible serious bacterial infections with simplified antibiotics when hospital treatment is not feasible.

Providing high-impact interventions requires a well-trained and supervised health workforce, essential equipment and medicines, and logistics management systems to ensure uninterrupted service availability.

### KEY FACTS

- 2.5 million neonatal deaths each year (UNICEF).
- 2.6 million babies are stillborn each year (*The Lancet*, 2016).
- 14.6% of all babies born in 2015 had low birthweight (*The Lancet*, 2019).
- 80% of newborn deaths are due to three main causes: preterm birth, infections, and complications during childbirth (notably birth asphyxia) (UNICEF).

### OUR IMPACT

- Our advocacy and technical assistance enables delivery of quality, high-impact newborn health interventions through existing health systems.
- We work to ensure newborn health indicators are included in national health information systems for improved monitoring and evaluation of newborn interventions.
- We generate evidence of what works to save newborn lives and how to effectively scale up these practices in order to inform global and national action.

## CARE FOR PREGNANT WOMEN

Save the Children supports key elements of quality care during pregnancy including:

- **preventive services**, such as birth preparedness and complication readiness, counseling on pregnancy danger signs, providing immunizations, providing iron/folate supplements (presumptive treatment of malaria), and nutrition counseling; and
- **identifying and managing complications** such as infections (e.g., HIV & STI), anemia screening and treatment, and preeclampsia/eclampsia.

## CHILDBIRTH CARE

Save the Children works to ensure that mothers receive quality care during childbirth, including safe and respectful care during and after delivery for both mother and newborn, and appropriate and timely emergency care to manage complications. We promote the use of clean birth practices, including handwashing, to prevent life-threatening infections for newborns. We equip providers with the skills and tools to monitor fetal (and maternal) status during labor and take appropriate actions. Providers are able to identify fetal distress through appropriate use of partographs (a tool for monitoring labor); manage preterm labor by delivering medications to slow labor; administer antenatal corticosteroids to accelerate fetal lung development to improve chances of survival; and resuscitate newborns who do not spontaneously breathe at birth. Finally, we ensure active management of the third stage of labor thereby decreasing risk of maternal hemorrhage and improving maternal survival.

## POSTNATAL CARE

Mothers and newborns in the first days and weeks after birth are vulnerable to complications that can be prevented and successfully managed if detected early. We have established programmatic approaches using several different delivery platforms that aim to address this need, helping generate the social support to change harmful social and gender norms, and address other structural barriers.

Various components of postnatal care are important opportunities to link facilities with newborns and ensure healthy newborn practices are being utilized at home. We developed an innovative approach to provide pre-discharge assessment, counseling and linkages with community health workers to target the most vulnerable and marginalized - babies and mothers at high risk - to get home visits early. We can further influence postnatal care practices through prenatal counseling and birth preparedness for pregnant mothers.



## PROVEN INTERVENTIONS FOR NEWBORNS

**Chlorhexidine for Umbilical Cord Care:** Ensuring optimal cord care immediately after birth and through the first week of life is a critical strategy for preventing infection-related newborn deaths. Keeping the cord clean and dry is important, and applying chlorhexidine to the freshly cut cord can significantly reduce mortality risk. This antiseptic can easily be applied by health workers or, in cases of home deliveries, by family members.

**Kangaroo Mother Care (KMC):** KMC involves placing the newborn skin-to-skin **on the mother's chest**, ensuring adequate and exclusive breastfeeding, monitoring and treating any danger signs, and providing supportive care to the mother and baby. This approach helps regulate the **newborn's body temperature, facilitates breastfeeding**, helps brain growth and development, and has been shown to reduce mortality compared with incubator care.

## NEWBORN HEALTH IN HUMANITARIAN SETTINGS

Countries experiencing humanitarian crises are among those with the highest rates of newborn mortality. We played a lead role in developing the *Newborn Health in Humanitarian Settings Field Guide*, which provides guidance and tools to reduce newborn illness and death in humanitarian settings. A *Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings 2020-2025* was also developed to set a vision for improving health for the most vulnerable mothers and newborns in humanitarian settings. A global declaration and advocacy paper complement the priorities of the roadmap.

## NEWBORN HEALTH PROGRAM HIGHLIGHTS

### SAVING NEWBORN LIVES

Since 2000, our **Saving Newborn Lives (SNL)** program has sought to reduce global neonatal mortality by working in partnership to develop packages of effective, evidence-based newborn care interventions and to implement these innovations at scale. Ensuring quality programs reach mothers and newborns involves interactions at national, regional and global levels. Working alongside valued partners, SNL provides technical leadership, advocacy and measurement support, maintaining the cycle of evidence generation, consensus building, policy formulation and guidance, and program implementation and learning. SNL 4 is working to help institutionalize newborn health policies and programs in four countries: **Bangladesh, Ethiopia, Malawi and Nepal**. The project documents implementation and measurement learning, translating global evidence and guidelines to enable country programs to use state-of-the-art tools and approaches for effective implementation of newborn health interventions at scale.

### MATERNAL AND CHILD SURVIVAL PROGRAM

The **Maternal and Child Survival Program (MCSP)**, 2014-2019, is USAID's flagship maternal and child health program that supports ministries of health, nongovernmental organizations (NGOs), private sector partners and others to implement high-impact health interventions in USAID priority countries. Its ultimate goal is to contribute to ending preventable maternal and child deaths within a generation. MCSP supports programming in maternal, newborn and child health; immunization; family planning and reproductive health; nutrition; health systems strengthening; water, sanitation and hygiene; malaria; prevention of mother-to-child transmission of HIV; and pediatric HIV care and treatment. We contribute to MCSP as the global lead for newborn health; community-based mobilization; water, sanitation and hygiene; and adolescent sexual and reproductive health, and by supporting programming in **26 countries**.

### HEALTHY NEWBORN NETWORK

The **Healthy Newborn Network (HNN)** is the leading global online community dedicated to addressing critical knowledge gaps in newborn health. HNN, an initiative of Saving Newborn Lives, brings together partner organizations and individuals working in newborn health to share key resources, data, experiences and lessons, and helps increase global commitment to the advancement of newborn health. In the first half of 2019, HNN reached more than 100,000 web users, 30,000 social media followers and about 5,500 subscribers, providing a platform for stakeholders to engage in discussions on the vast range of newborn and maternal health topics.



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## JOHNSON & JOHNSON-FUNDED NEWBORN SURVIVAL PROGRAMS

Funded by Johnson & Johnson, our **Newborn Survival Programs** (2015-2021) across Sub-Saharan Africa, Asia and Latin America contribute to national and global efforts to reduce newborn mortality through strengthened comprehensive newborn care in health facilities. In **Ethiopia, Malawi, Nigeria** and **Uganda**, we advanced the Helping Babies Survive programs (developed by the American Academy of Pediatrics) aiming to improve quality of comprehensive newborn care in low-resource settings. Together, the four country programs in Africa trained 3,653 health providers and trainers who provided delivery and treatment services to one million babies.

The Johnson & Johnson partnership expanded to **Bangladesh** and **Guatemala** in 2018 and 2019, respectively, to contribute to the reduction of newborn deaths, particularly due to preterm/small births, among vulnerable groups. In both countries, research and learning are focused on testing and exploring approaches to increase demand for and improve follow-up of KMC while strengthening hospital services. In Bangladesh, the program seeks to improve care-seeking and services for urban poor populations in Dhaka, while the program in Guatemala seeks to improve birth attendance, strengthen community-based referrals, and improve postnatal care among indigenous populations in Nebaj.



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## SERVICES DE SANTÉ A GRAND IMPACT

The USAID-funded **Services de Santé à Grand Impact (SSGI)** project, in partnership with the Government of **Mali**, NGOs and communities in several target regions, is implementing large-scale activities to reduce maternal, newborn and child mortality throughout the country. The five-year project (2014–2020) – implemented by a consortium of organizations under the leadership of Save the Children – aims to increase the long-term use of quality, high-impact health services and behaviors throughout the continuum of care. SSGI covers a population of more than 2.5 million women of child-bearing age, 2.4 million children less than 5 years old and more than 600,000 newborns each year. Expected results include: increased birth spacing; increased community and household awareness of newborn danger signs and appropriate steps to take; increased use of health facilities for prenatal care, childbirth and postnatal care; improved quality of care for newborns; improved maternal and child nutrition; improved hygiene and sanitation at the household level; and improved health system management, functioning and accountability at the community, district and regional levels.

## COMIC RELIEF KANGAROO MOTHER CARE KENYA

The **Strengthening Care for Preterm Babies in Urban Hospitals** project (2016–2018) in **Kenya**, also known as the Kangaroo Mother Care (KMC) Kenya project, funded by Comic Relief, strengthened the skills and capacity of health providers in seven hospitals in Nairobi to ensure the delivery of quality care to preterm and low-birthweight babies in urban communities. KMC was a key component of the program, and the project worked closely with the Ministry of Health and facility officials to strengthen services and improve counseling for pregnant and postpartum women. Throughout the 28-month project, a total of 3,282 low birthweight babies were initiated on facility-based KMC and linked to follow-up services.

*Save the Children believes every child deserves a future. In the United States and around the world, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children - every day and in times of crisis - transforming their lives and the future we share.*