The first month 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. Globally, 2.6 million newborns die,1 2.6 million babies are stillborn2 and 303,000 women die each year as a consequence of pregnancy or childbirth.3 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.4

Through our newborn health programs, we 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 percent of newborn deaths.5 However, basic, low-cost care can save up to two-thirds of newborn lives when provided by trained health workers. This care includes improving the availability of effective and affordable medicines and therapies, helping babies breathe through resuscitation assistance and supporting prolonged skin-to-skin contact and exclusive breastfeeding as part of Kangaroo Mother Care (KMC) to improve survival for babies born prematurely and/or with low birthweight.

Care for pregnant women

To help prevent preterm birth and birth complications, we train providers and community health workers to provide quality care throughout pregnancy. This care involves: birth preparedness and complication readiness; counseling on danger signs; identifying and managing complications and infections; screening and management of eclampsia; providing immunizations and vitamin and iron/folate supplements; presumptive treatment of malaria; and counseling mothers on newborn and child care, infection and disease prevention, family planning and nutrition. We also work to empower women and their families with knowledge of proven essential newborn care practices and danger signs indicating the need for prompt medical care.

Key Facts

- 2.6 million newborns die each year (UNICEF).
- 2.6 million babies are stillborn each year (The Lancet 2016 Stillbirth Series).
- 16% of all babies born in 2013 had low birthweight (UNICEF).
- 80% of newborn deaths are due to three main causes: preterm birth, infections and complications during childbirth (notably birth asphyxia) (UNICEF).

Our Impact

- In 2015, health workers trained by Save the Children attended 873,904 births.
- Our advocacy and partnerships have ensured newborn indicators are included in national health information systems for improved monitoring and evaluation of newborn interventions.
- Our research improves global understanding about the causes and burden of newborn mortality and what works to save newborn lives.

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Newborn Health in Humanitarian Settings

Countries experiencing humanitarian disasters often have among the highest rates of newborn mortality. Save the Children 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. The field guide includes technical content and program implementation and strategic considerations for health staff, program managers, surge staff deployed to emergencies and others involved in designing, managing or monitoring newborn health programs in humanitarian settings.

Childbirth care

We work to ensure that mothers receive quality care during childbirth, including safe and respectful delivery to prevent illness to mother and baby and adequate emergency care to manage complications. We promote the use of clean birth practices, including hand washing, to prevent life-threatening infections for newborns. We equip providers with the skills and resources to monitor fetal (and maternal) status and take timely action. 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 down labor; administer antenatal corticosteroids to help the fetus survive preterm birth; and resuscitate newborns when birth asphyxia occurs. Our work also improves maternal survival during this period through active management of third stage of labor and emergency obstetric care.

Postnatal care

Our programs ensure that health professionals and community health workers prevent and treat newborn infection after birth and in the weeks following delivery. These health workers encourage mothers to practice immediate and exclusive breastfeeding and keep the newborn dry and warm, promote chlorhexidine for umbilical cord care and supervise KMC for babies born prematurely. We also support skilled birth attendants to provide ongoing postnatal care for both mothers and newborns.

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.

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*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.*

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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, ministries of health and national stakeholders, SNL provides technical leadership, advocacy and measurement support and engages partners, governments and international organizations to maintain the cycle of evidence generation, consensus building, policy formulation and guidance and program implementation and learning. SNL currently works in seven countries, three in south Asia and four in Africa.

Maternal and Child Survival Program

The Maternal and Child Survival Program (MCSP) is USAID’s flagship maternal and child health program that supports ministries of health, NGOs, private sector partners and others to implement high-impact health interventions in USAID priority countries, with the ultimate goal of contributing 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.

Johnson & Johnson-funded Newborn Survival Programs

Funded by Johnson & Johnson, our Newborn Survival Programs in Malawi, Uganda, Ethiopia, and Nigeria contribute to national and global efforts to reduce newborn mortality related to complications during childbirth and premature birth through strengthened comprehensive newborn care in health facilities. Using the Helping Babies Survive suite of programs, developed by the American Academy of Pediatrics, we employ a 3-pronged approach to improving quality of newborn care in low-resource settings: 1) strengthen implementation and quality improvement efforts in the provision of immediate and advanced newborn care; 2) ensure the availability of essential equipment and training materials to improve facility-based care; and 3) strengthen data quality and use for decision-making. In 2011, the programs in Malawi and Uganda first focused on strengthening newborn resuscitation in facilities and now address strengthening the quality of essential newborn care during the intrapartum period through the period immediately after birth until discharge from facilities. In 2015 and 2016 respectively, the programs in Ethiopia...
and Nigeria were launched to contribute to the 100,000 Babies Survive and Thrive initiative, which pledges to save at least 100,000 newborn lives over three years. In all four of the country programs, Save the Children seeks to improve quality of care through close collaboration with governments and local partners and to strengthen in-country capacity to continue saving newborn lives.

**Services de Santé à Grand Impact**

The USAID Services de Santé à Grand Impact (SSGI) project works in partnership with the Government of Mali, nongovernmental organizations—both international and local—and communities in several target regions in Mali to implement large-scale activities to reduce maternal, newborn and child mortality from preventable causes across 35 districts in the Kayes, Koulikoro, Sikasso and Bamako regions and one district in the Gao region. The project area covers a population of 550,000 newborns each year.

Funded by USAID/Mali, this five-year project (2014–2019) is implemented by a consortium of organizations under the leadership of Save the Children. SSGI aims to increase the long-term use of quality, high-impact health services and behaviors throughout the continuum of care, from households at the community level to health facilities. Expected results related to newborn health 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; and improved hygiene and sanitation at the household level.

**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 Kenya project, funded by Comic Relief, strengthens the skills and capacity of health providers in seven hospitals in the Langata area of Nairobi, Kenya, to ensure the delivery of quality care to preterm and low-birthweight babies in urban communities. Kangaroo Mother Care (KMC) is a key component of the program, and the project works closely with Ministry of Health and facility officials to strengthen KMC services in facilities, improve the provision of counseling for pregnant and postpartum women in breastfeeding and postpartum family planning and support women at the household level to continue KMC at home. The project has the potential to reach more than 3,000 babies, their mothers and more than 500,000 community members over the project's two-year lifespan.

**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. It also provides a platform for stakeholders to engage in discussions and working group activities on the vast range of newborn and maternal health topics.