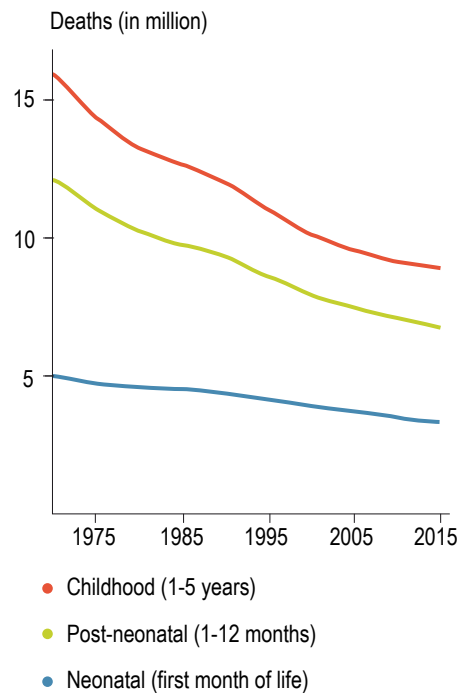


TACKLING NEWBORN DEATH AND ILLNESS

THE CHALLENGE: MAKING IT THROUGH THE FIRST DAY

Until recently, there has been little effort to tackle the specific health problems of newborn babies. Most of their deaths are unrecorded and remain invisible. A lack of continuity between maternal and child health programmes has meant that care of the newborn has fallen through the cracks between care of the mother, and care of the older child. The survival and health of newborn babies is a critical part of the push towards lower child mortality as embodied by MDG4 because a large portion of under-five deaths actually occur during the first month of life. Because many of these deaths are related to care at the time of birth, newborn health goes hand in hand with the health of mothers (MDG5).



This figure shows that over the period 1970 to 2005 and projected to 2015, progress on reducing post-neonatal mortality is much greater than for reducing neonatal mortality. Progress on neonatal mortality may be slower because it requires more complex health system support for birth and post-natal care and because less priority has been given to newborn and maternal mortality.

KEY FACTS – RISKY BEGINNINGS

- Of the 9.7 million under-five child deaths per year, about 3.6 million occur during the neonatal period, - the first four weeks of life.
- Almost three million of these die within one week and up to two million on their first day of life. An additional 3.3 million are stillborn.
- A child's risk of death in the first four weeks of life is nearly 15 times greater than any other time before his or her first birthday.
- Virtually all (99%) newborn deaths occur in low- and middle-income countries. It is especially in Africa and South Asia that the least progress in reducing neonatal deaths has been made.
- Almost 3 million of all the babies who die each year can be saved with low-tech, low-cost care.

CAUSES OF NEWBORN DEATH

The three major causes of neonatal deaths worldwide are infections (36%, which includes sepsis/pneumonia, tetanus and diarrhoea), preterm (28%), and birth asphyxia (23%). There is some variation between countries depending on their care configurations.

WHY HAS CARE FOR NEWBORNS FALLEN BETWEEN THE CRACKS?

- Lack of continuum of care from maternal to child - A lack of continuity between maternal and child health programmes has meant that care of the newborn has fallen through the cracks. More than half the neonatal deaths occur after a home birth and without any health care.

- In many countries there is no record of neonatal deaths - Until recently, there has been little effort to tackle the specific health problems of newborn babies. Most of their deaths are unrecorded.
- Neonatal mortality and gender - Reduced care seeking for girl babies compared with boy babies has been reported, especially in south Asia.

WHAT CAN BE DONE?

- Providing effective care can reduce almost 3 million of the 4 million babies under one month of age who die each year. The package of essential care includes antenatal care for the mother, obstetric care and that a birth attendant has the ability to resuscitate newborns at birth. Most of the infection-related deaths could be avoided by treating maternal infections during pregnancy, ensuring a clean birth and cord care as well as immediate and exclusive breastfeeding. For those babies with an infection, antibiotics is life saving and needs to be available locally in many settings. In addition, low birth weight babies require to maintain the body temperature through skin-to-skin contact with the mother. Several of the above interventions would also help save the lives of mothers and prevent stillbirths.
- Empowering families and communities to close the gap of postnatal care. Healthy home practices and empowering families to recognise problems and access care quickly will save many lives. In high mortality settings with low access to care, some interventions may need to be provided closer to home. The gap for care of mothers and babies in the first few days of life is important even where women do deliver in facilities. New approaches is required to reach a large majority of these families.
- Political commitment and social visibility - Communities and decision makers need to be informed that neonatal deaths are a huge portion of child deaths, and need therefore to receive adequate attention. Improved registration and increasing the availability and use of relevant information in programmes and to decision makers is essential if health care for newborn babies and their mothers is to be given adequate attention. Stillbirths should also be counted.