EVERY NEWBORN: An action plan to end preventable deaths

In the last 1000 days before the deadline to achieve the Millennium Development Goals, urgent progress is needed to improve newborn survival. We have made incredible inroads eliminating maternal mortality and preventable deaths of children under-five after the neonatal period, reducing these mortality rates by 3.2% per year and 3.0% in the past two decades, respectively, but newborn survival has lagged behind at a yearly reduction rate of 1.8%. The number of children dying each year before the age of five has dropped from 12 million to fewer than seven million, but newborns now account for more than 40% of these deaths. That means nearly 3 million newborns are dying each year, and an additional 2.6 million babies are stillborn. We now have the knowledge and tools to reduce at least two thirds of these deaths. Acting on that knowledge, some countries have shown that rapid progress is possible, especially when applying strategies for prevention and care that integrate the delivery of key interventions along the life cycle, from pre-pregnancy through to the post-partum period, underlining the inherent connections between reproductive, maternal and child health. [http://www.everynewborn.org](http://www.everynewborn.org)

This Month's Headlines

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- Identification of Causes of Stillbirth through Autopsy and Placental Examination Reports.
- Pattern of congenital anomalies in newborn: a hospital-based study
As part of a supplement entitled "Born Too Soon", this paper focuses on care of the preterm newborn. An estimated 15 million babies are born preterm, and the survival gap between those born in high and low income countries is widening, with one million deaths a year due to direct complications of preterm birth, and around one million more where preterm birth is a risk factor, especially amongst those who are also growth restricted. Most premature babies (>80%) are between 32 and 37 weeks of gestation, and many die needlessly for lack of simple care. We outline a series of packages of care that build on essential care for every newborn comprising support for immediate and exclusive breastfeeding, thermal care, and hygienic cord and skin care. For babies who do not breathe at birth, rapid neonatal resuscitation is crucial. Extra care for small babies, including Kangaroo Mother Care, and feeding support, can halve mortality in babies weighing <2000 g. Case management of newborns with signs of infection, safe oxygen management and supportive care for those with respiratory complications, and care for those with significant jaundice are all critical, and are especially dependent on competent nursing care. Neonatal intensive care units in high income settings are de-intensifying care, for example increasing use of continuous positive airway pressure (CPAP) and this makes comprehensive preterm care more transferable. For health systems in low and middle income settings with increasing facility births, district hospitals are the key frontier for improving obstetric and neonatal care, and some large scale programmes now include specific newborn care strategies. However there are still around 50 million births outside facilities, hence home visits for mothers and newborns, as well as women's groups are crucial for reaching these families, often the poorest. Read full text
Born Too Soon: Accelerating actions for prevention and care of 15 million newborns too soon
By Joy E Lawn, Mary V Kinney, José M Belizan, Elizabeth Mary Mason, Lori McDougall, Jim Larson, Eve Lackritz, Ingrid K Friberg, Christopher P Howson and the Born Too Soon Preterm Birth Action Group,
Reproductive Health 2013, 10 (Suppl 1):S6

Preterm birth complication is the leading cause of neonatal death resulting in over one million deaths each year of the 15 million babies born preterm. To accelerate change, we provide an overview of the comprehensive strategy required, the tools available for context-specific health system implementation now, and the priorities for research and innovation. There is an urgent need for action on a dual track: (1) through strategic research to advance the prevention of preterm birth and (2) improved implementation and innovation for care of the premature neonate. We highlight evidence-based interventions along the continuum of care, noting gaps in coverage, quality, equity and implications for integration and scale up. Improved metrics are critical for both burden and tracking programmatic change. Linked to the United Nation's Every Women Every Child strategy, a target was set for 50% reduction in preterm deaths by 2025. Three analyses informed this target: historical change in high income countries, recent progress in best performing countries, and modelling of mortality reduction with high coverage of existing interventions. If universal coverage of selected interventions were to be achieved, then 84% or more than 921,000 preterm neonatal deaths could be prevented annually, with antenatal corticosteroids and Kangaroo Mother Care having the highest impact. Everyone has a role to play in reaching this target including government leaders, professionals, private sector, and of course families who are affected the most and whose voices have been critical for change in many of the countries with the most progress.

Consensus on kangaroo mother care acceleration
Cyril Engmann, Stephen Wall b, Gary Darmstadt a, Bina Valsangkar b, Mariam Claeson a, on behalf of the participants of the Istanbul KMC Acceleration Meeting. The Lancet, Volume 382, Issue 9907, Pages e26 - e27, 30 November 2013

On Oct 21—22, 2013, stakeholders in newborn health convened in Istanbul, Turkey, to discuss how to accelerate the implementation of kangaroo mother care (KMC) globally. Focused attention on newborn deaths, which now account for 44% of under-5 mortality, is required to accelerate progress toward Millennium Development Goal 4 (to reduce child mortality by two-thirds) and beyond. KMC has been proven to reduce newborn mortality, but only a very small proportion of newborns who could benefit from KMC receive it. The Istanbul convening was assembled to accelerate the uptake of this life-saving intervention. The stakeholders affirmed adoption of KMC. The KMC Acceleration Convening in Istanbul was a key opportunity to build consensus for accelerated implementation of KMC. In conjunction with the upcoming Every Newborn Action Plan, the KMC acceleration plan outlined above can bend the curve on newborn mortality and give vulnerable newborns around the world a better chance of survival and health.

Identification of Causes of Stillbirth through Autopsy and Placental Examination Reports
In third study, the autopsy and placental histopathological examination results following fetal deaths were analyzed retrospectively in an attempt to explain the stillbirths that occurred from 1996 to 2010 at the Department of Obstetrics and Gynecology, University of Szeged. One hundred and forty fetal deaths were recorded in that period, i.e. a rate of 4.69 stillbirths per 1000 deliveries. The postmortem examination provided the exact cause of the fetal death in 57.9% of the cases. The most common causes were a placental insufficiency (46.9%) and an umbilical cord complication (25.9%). In the first half of the third trimester, a placental insufficiency predominated as the cause of stillbirth, whereas mainly umbilical cord complications occurred around term. In spite of the availability of the autopsy and histopathological examination results, the proportion of unexplained stillbirths in our sample was relatively high. A considerable proportion of stillbirth cases could probably be prevented by more effective screening of a placental insufficiency. Read full text.

Pattern of congenital anomalies in newborn: a hospital-based study

Birth defects, encountered frequently by pediatricians, are important causes of childhood morbidity and mortality. Birth defects can be classified according to their severity, pathogenic mechanism, or whether they are involving a single system or multiple systems. This hospital-based prospective descriptive study highlights the prevalence of Congenital Anomalies (CAs) in one year among live born neonates delivered in Zagazig University Hospital (Egypt). All women giving birth to viable babies were included. Demographic details, associated risk factors and the type of CAs in all babies were recorded. Diagnosis of CAs was based on clinical evaluation, radiographic examination, ultrasonography, echocardiography and chromosomal analysis of the newborn whenever recommended. The overall incidence of CAs among live born neonates was 2.5%, as most of the cases were referred to Zagazig University Hospital (Egypt) for delivery. The musculoskeletal system (23%) was the most commonly involved followed by the central nervous system (20.3%). Involvement of more than one system was observed in (28.6%) cases. Among maternal and fetal risk factors; parental consanguinity, maternal under nutrition and obesity, positive history of an anomaly in the family, low birth weight, and prematurity were significantly associated with higher frequency of CAs (P<0.05), with non-significant differences for maternal age and the sex of the neonates. The current study highlights the prevalence of congenital anomalies in one year in Zagazig University Hospital. It revealed a high prevalence of congenital anomalies in our locality and stressed the importance of carrying out a thorough clinical examination of all neonates at birth. Read full text

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