

# South-East Asian Regional Network on Strengthening Newborn health & Prevention of Birth Defects



**WHO Collaborating Centre for Training and Research in Newborn Care**  
**Collaborating Centre for Training in Clinical Laboratory Genetics in Developing Countries**  
**Department of Pediatrics**  
**AIIMS, New Delhi, India**

Supported by World Health Organization, Regional Office for South East Asia &  
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## Publications

### Regional communication strategy for the prevention and control of birth defects



For the prevention and management of birth defects, an enabling and supportive environment is crucial to encourage individuals, families and communities to adopt and sustain new behaviours. This is achieved through a range of health communication activities including community mobilization and media campaigns. Public campaigns need to focus on alleviating the stigma related to birth defects and sensitively address cultural and religious issues such as consanguinity, myths and misconceptions around birth defects.

Strategically planned communication helps influence policy-makers and opinion leaders to bring about changes in policies, as well as encouraging structural changes within the community to support healthy behaviours. Hence, it is equally important to conduct advocacy with policy- and decisionmakers to position birth defects among existing priorities in the national health agenda of countries

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### Strengthening intersectoral collaboration for adolescent health

Report of a meeting of regional programme managers, New Delhi, India, 25–27 November 2014



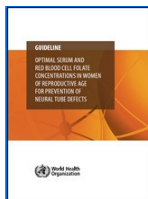
Adolescents are a great human resource that could become the engine of national growth and prosperity. This potential can only be realized if society can ensure that they remain healthy. WHO has been playing a leadership role to strengthen the health sector response to the health needs of these adolescents. However, prevention of risk behaviours among adolescents requires contributions from several sectors outside the health sector.

A meeting of the national programme managers of the South-East Asia Region was held in New Delhi, India, on 25–27 November 2014. The objective of this meeting was to review the status of adolescent health (AH) in SEAR countries and to promote implementation of adolescent-friendly health services (AFHS) by strengthening partnerships and intersectoral coordination. Presentations and discussions were conducted on thematic areas in AH. Innovative approaches and experiences with multisectoral partnerships for AH programmes were shared. Group sessions were conducted to review and formulate regional AH indicators. This meeting report presents the summary of activities undertaken during this meeting and its conclusions and recommendations.

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### Optimal serum and red blood cell folate concentrations in women of reproductive age for prevention of neural tube defects





This guideline provides global, evidence-informed recommendations on blood folate concentrations in women of reproductive age for the prevention of neural tube defects in populations. It aims to help Member States and their partners in their efforts to make informed decisions on the appropriate nutrition actions to take to achieve the Millennium Development Goals (MDGs), in particular reduction of child mortality (MDG 4) and improvement of maternal health (MDG 5), through the establishment of appropriate threshold values for red blood cell

folate concentrations at the population level. These values may be used to determine the need for, and guide monitoring and evaluation of the impact of, nutrition interventions aimed at improving folate status and preventing congenital anomalies.

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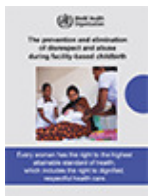
### The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)



This Global Strategy takes a life-course approach that aims for the highest attainable standards of health and well-being—physical, mental and social—at every age. A person's health at each stage of life affects health at other stages and also has cumulative effects for the next generation. Moreover, the Global Strategy adopts an integrated and multisector approach, recognizing that health-enhancing factors including nutrition, education, water, clean air, sanitation, hygiene and infrastructure are essential to achieving the SDGs.

[Read full publication](#)

### The prevention and elimination of disrespect and abuse during facility-based childbirth



Many women experience disrespectful and abusive treatment during childbirth in facilities worldwide. Such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination. This statement calls for greater action, dialogue, research and advocacy on this important public health and human rights issue.

[Read full publication](#)

### WHO recommendations on interventions to improve preterm birth outcomes



The primary audience for this guideline includes health-care professionals who are responsible for developing national and local health-care protocols and policies, as well as managers of maternal and child health programmes and policy-makers in all settings. The guideline will also be useful to those directly providing care to pregnant women and preterm infants, such as obstetricians, paediatricians, midwives, nurses and general practitioners. The information in this guideline will be useful for developing job aids and tools for pre- and in-service training of health workers to enhance their delivery of maternal and neonatal care relating to preterm birth.

[Read full publication](#)

### WHO Statement on Caesarean Section Rates



Since 1985, the international healthcare community has considered the ideal rate for caesarean sections to be between 10% and 15%. Since then, caesarean sections have become increasingly common in both developed and developing countries. This WHO statement on Caesarean Section Rates is based on available data, and using internationally accepted methods to assess the evidence with the most appropriate analytical techniques.

[Read full publication](#)

## Upcoming Events

### First Meeting of SEAR-TAG for Women's and Children's Health

15-18 December 2015, New Delhi, India

There has been significant reduction in maternal and child mortality in the Region but it is unlikely that MDGs 4 and 5 will be achieved by Dec 2015. With this unfinished agenda in mind, and with the support and commitment of the 11 Member States, the Regional Director, SEAR, in 2014 established a Regional Flagship project on ending preventable maternal and child mortality with a focus on reducing newborn mortality. To contribute to the flagship project, Regional Director has appointed the Technical Advisory Group (SEAR-TAG) to provide guidance to national governments, implementing partners and other stakeholders on how best to accelerate implementation of strategies, and monitor these.

[Global Coalition for Universal Health Coverage](#), 12 December 2015



Join the global coalition in urging greater action and progress on delivering universal health coverage. Already 100+ countries have taken steps toward ensuring everyone can access essential health services without financial hardship.

Universal Health Coverage Day, commemorated each 12 December, is the anniversary of the first unanimous United Nations resolution calling for countries to provide affordable, quality

health care to every person, everywhere.

Universal health coverage has been included in the new Sustainable Development Goals adopted by the United Nations.

[Why Health for all](#)

## Articles of Interest

- [Neurological syndrome, congenital malformations, and Zika virus infection.](#)
- [Racial/ethnic differences in survival of United States children with birth defects: a population-based study](#)
- [Long-term outcomes in children with congenital heart disease: National Health Interview Survey.](#)
- [Preventing birth defects: The value of the NBDPS case-control approach.](#)
- [The US FDA pregnancy lactation and labeling rule - Implications for maternal immunization.](#)
- [Assessing congenital malformation risk from medications used in pregnancy: The contribution of NBDPS in pregnancy labeling of prescription drug products.](#)

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