Newborn survival – the forgotten milestone for achieving MDG 4
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Introduction
Globally, and particularly in South East Asian countries, child and infant health and survival has improved significantly over recent decades. Improved nutrition including breastfeeding, successful immunization programmes and scaling up of integrated management of respiratory illnesses and diarrhoeal diseases played a significant role in improving health and survival of children. Over the decades, infant mortality came down but now the decline has slowed and in many countries is stagnating. This is mainly because child deaths that occur in the neonatal period are proportionately increasing. Globally, every year 4 million newborn babies die in the first 4 weeks of life – 36%, around 1.4 million neonatal deaths are in South-East Asian countries. In other words 50% of infant mortality is due to neonatal deaths in South-East Asia. Therefore, bringing down the infant mortality rate further and achieving the Millennium Development Goals for child survival will not be possible without substantial reduction in neonatal mortality.

In addition, every year globally there are around 4 million stillbirths – death of a fetus in utero during the last 3 months of pregnancy – and a large proportion occur as intrapartum stillbirths or fresh stillbirths. Seventy-five percent of the neonatal deaths happen in the first week of life – the highest risk of death is in the first of 24 hours of life. Estimates from the year 2000 of the distribution of direct causes of death indicate that preterm birth or low birth weight (28%), severe infections (36% - intrapartum and postpartum), asphyxia (23%), tetanus (7%), and diarrhea (35%) account for most neonatal deaths. Of the remaining 14%, 7% of deaths were related to congenital abnormalities. Analysis of the timing and causes of neonatal deaths and stillbirths, shows that the majority are related to access and quality of care during pregnancy, care during childbirth and the immediate postpartum period. Countries with the highest maternal mortality also have the highest neonatal mortality. Numbers of skilled birth attendants and institutional deliveries are lowest in countries with the highest neonatal mortality. Status of maternal health and health care during pregnancy and childbirth are important determinants of neonatal survival. Neonatal outcomes are affected by health throughout the life-cycle, starting with the girl child, through adolescence, and pregnancy. Complications during labour are important determinants of foetal and neonatal survival and health. In general, intrapartum
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risks factors are associated with greater increases in risk of neonatal death than those identified during pregnancy, which are in turn associated with greater increases in risk than pre-pregnancy factors. Obstructed labor and mal presentation carry the highest risk and require skilled intervention. Low birth weight and tetanus death can be prevented by interventions during antenatal care. Skilled and safe childbirth care can prevent deaths due to asphyxia and sepsis significantly. Death of a mother substantially increases the risk of death for her newborn child. Therefore, neonatal health and survival is very much interlinked with maternal health and survival.

To achieve major reduction in neonatal deaths, the coverage of care during pregnancy and childbirths and the early postnatal period should be increased to reach the poorest and most underserved populations. The interventions that have the greatest effect on neonatal deaths are less dependent on technology and commodities than people with skills and place of childbirths. Ideally, every woman should deliver with a skilled attendant present and in a maternity centre and, if either the mother or her newborn baby has complications, both should have the access to safe referral care. In South Asia where a huge number of neonatal (and maternal) deaths occur the majority of women may not have access to skilled care services. Coverage of postnatal care is still lower. Countries need to assess prevailing epidemiological situations, prioritize actions and re-organize service delivery accordingly. Ideal care services to reduce neonatal deaths and improve their health and survival should have a continuum of quality care before and during pregnancy, during childbirth and the postpartum period and at home, community, facility/outreach care and at referral levels.

Addressing nutrition, particularly micronutrient deficiency, antenatal care, immunization coverage, and breastfeeding will go a long way in improving neonatal health and survival. However, real progress in reducing neonatal deaths will depend on higher coverage of services in the highest mortality areas, for the poorest people, and at the time of greatest risk - birth and the first days of life.

References