CHAPTER 1. Now is the time to transform care for newborns

Integrated people-centred health services
WHO Framework adopted at 69th World Health Assembly (2016)

5 interdependent strategies

• Empower and engage people and communities
• Strengthen governance and accountability
• Reorient model of care
• Coordinate services within and across sectors
• Create an enabling environment

Source: WHO Framework on integrated people-centred health services (16).
Family-centred care for newborn health

- Family-centred care principles: Dignity and respect, Information sharing, Participation, Collaboration
- Mothers, fathers and caregivers are active partners in the child’s care → Parent and newborn = unit of care
- Demonstrated benefits for newborn’s weight gain and neurodevelopmental progress

**MYTH:**
Allowing parents & family members to visit a child in the NICU will introduce infections.

**FACT:**
- Family-centred care does *not* increase infections
- Prevent infections with hand hygiene practice and access to human milk
Case study: Engaging families in newborn care in India

<table>
<thead>
<tr>
<th>Family engagement programme introduced in New Delhi NICU</th>
<th>National policy</th>
<th>Systematic documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Handwashing skills; infection prevention; protocol for entry to nursery</td>
<td>To support 700 district-based special newborn care units</td>
<td>• 85 neonatal units in 3 states, reaching &gt;13,000 mothers and family members</td>
</tr>
<tr>
<td>2. Developmentally supportive care</td>
<td></td>
<td>• Newborns with birth weight &lt;2000g:</td>
</tr>
<tr>
<td>3. Kangaroo Mother Care (KMC)</td>
<td></td>
<td>• 86% received KMC and exclusive breastfeeding</td>
</tr>
<tr>
<td>4. Preparation for discharge and care at home</td>
<td></td>
<td>• 75% continued to receive KMC at home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Post-discharge mortality reduced from 7% to 3%</td>
</tr>
</tbody>
</table>

Adapted from: Sudan et al. Profile on family participatory care in India

SURVIVE and THRIVE: Transforming care for every small and sick newborn

#EveryNewborn  #EveryChildAlive

2008  2014  2016 - 2018
CHAPTER 1. Now is the time to transform care for newborns

The power of parent voices

- Historically, parents have played an important role to improve small and sick newborn care
- As parents consistently care for newborns, they become “patient experts”
- Parents are a great asset advising inpatient newborn care units seeking to improve quality, safety and family-centred care

Examples:

<table>
<thead>
<tr>
<th>Location</th>
<th>Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colombia</td>
<td>La Liga de Los Múltiples (The League of Multiples)</td>
<td>Founded by parents of triplets, for parents of multiple births</td>
</tr>
<tr>
<td>France</td>
<td>SOS Préma</td>
<td>Established National Assembly working group, developed policy recommendation: small &amp; sick newborns should receive family-centred care in hospital</td>
</tr>
</tbody>
</table>
Parents’ Stories

“When my children were born too soon, I experienced an emotional rollercoaster and was struggling with the challenges of preterm birth. A strong partnership between healthcare professionals and parents is the best way to face the [challenges] of having a small and sick newborn and to overcome the obstacles.

– Silke Mader, parent, advocate and founder European Foundation for the Care of Newborn Infants and The Global Alliance for Newborn Care
The power of parent representatives

• Learn from each other and provide professional trainings and information in several languages
• Develop strategies to get a voice, e.g. World Prematurity Day, the European Standards of Care for Newborn Health
• Founding GLANCE - a global network for parents
Lessons from the past

*Countries that have substantially reduced newborn deaths can provide guidance for other countries.*
CHAPTER 1. Now is the time to transform care for newborns

**Historical and current mortality reductions by phases of care**

### Historical NMR trends for USA and UK

- **PHASE 1:** 25% relative reduction
  - **1900s-1940s:**
    - Increased handwashing in health facilities
    - Decline in homebirths without skilled attendants

- **PHASE 2:** 50% relative reduction
  - **1940s-1970s:**
    - Shift towards individualized special care of sick newborns
    - ↑ available lifesaving interventions, but overuse of technology
    - Parents and newborns separated

- **PHASE 3:** 75% relative reduction
  - **1980s-present:**
    - High-quality, individualized, advanced clinical care & strong health systems
    - Family-centred care as a best practice
    - Focus on disability-free survival

### Lessons from the past

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### MDG to SDG NMR trends

- **Phase 1:** Public Health Approaches
  - Sub-Saharan Africa: 27% reduction
  - Central & Southern Asia: 26% reduction
  - Global average: 18% reduction
  - SDG 3.2 target: 3.6% reduction
  - Newborns: 2.6% reduction

- **Phase 2:** Improved care in pregnancy, at the time of birth and for newborns
  - Born too soon: the global action report on preterm birth

### Phases of care for small and sick newborns

- **Phase 1:** Public Health Approaches
  - Sub-Saharan Africa: 27% reduction
  - Central & Southern Asia: 26% reduction
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- **Phase 2:** Improved care in pregnancy, at the time of birth and for newborns
  - Born too soon: the global action report on preterm birth

- **Phase 3:** Special and intensive neonatal care
  - Born too soon: the global action report on preterm birth

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*SDG 3.2 target: all countries to reduce neonatal mortality to at least as low as 12 per 1000 live births by 2030.
Sources: UN IGME 2017 estimates, March of Dimes, PMNCH, Save the Children, WHO. Born too soon: the global action report on preterm birth.

**SURVIVE and THRIVE:** Transforming care for every small and sick newborn

#EveryNewborn #EveryChildAlive
Lessons from the past

• Routine *separation* puts mothers and newborns at risk for medical and developmental complications *regardless of setting or level of care*.

• There is an urgent need to adapt and scale up:
  o Family-centred care
  o Special and intensive newborn care
  o Competent and equipped health providers
To end preventable newborn and child deaths, care for small and sick newborns requires:

- Investments in quality
- Nurturing and responsive health care designed to prevent disabilities
- Supporting cognitive function
- Promoting nurturing newborn care to support early childhood development and reduce stunted growth

**Action must be taken now to save more than 1.7 million newborns each year.**