Overview of the standards

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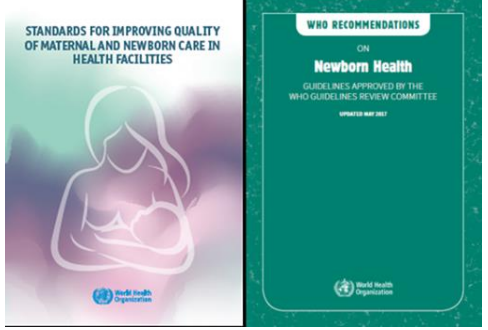
World Health Organization

Standard 1: Quality statements Evidence based practices

- A. Care for all newborns
- B. Care for small and sick newborns
- B1. Care for respiratory conditions
- B2. Nutritional support for newborns
- B3. Care for other conditions
  - Jaundice
  - Seizures
  - Neonatal encephalopathy
  - Anaemia,
  - Necrotizing enterocolitis
  - Retinopathy of prematurity
  - Intraventricular haemorrhage
  - Surgical conditions
- B4. Clinical monitoring and supportive care
- B5. Pain management and palliative care for newborns
- B6. Care and advice at discharge

Standard 1: Quality statements
A. Care for all newborns



1.1 NEW: All newborns receive care with standard precautions to prevent health-care associated infections including implementing additional measures required during outbreaks and pandemic situations.

- High risk of health care -associated infections
- Meticulous infection prevention & control including hand hygiene.
- Observe updated WHO infection prevention & control guidelines & wear PPE

1.16. NEW: All newborns at risk of impaired metabolic adaptation associated with asphyxia, small-for-gestational age and maternal diabetes are assessed to identify and manage hypoglycaemia.

- Small & sick newborns at risk of low blood glucose

Standard 1: Quality statements

B. Care for small and sick newborns

B3. Care for other conditions

1.28. NEW: All newborns are routinely monitored for jaundice; bilirubin is measured in those at risk and treatment initiated in those with hyperbilirubinaemia according to WHO guidelines.

- Jaundice is common in all newborns
- Can lead to acute bilirubin encephalopathy (kernicterus) & long-term motor, language & hearing problems.
- Effective & safe treatment with phototherapy (LED) & regular monitoring of blood bilirubin levels.

Quality measures for quality statement 1.28
Input
The health facility has written, up-to-date guidelines, protocols and standard operating procedures for assessing and managing jaundice in newborns.
The health facility has standard operating procedures for setting up, maintaining and cleaning phototherapy units for managing jaundice in newborns.
The health facility has protocols and standard operating procedures for performing or referring for exchange transfusion of small and sick newborns with severe jaundice.
The health facility has appropriate laboratory and diagnostic tests available for investigating newborns with jaundice.
The health facility has an adequate supply of functioning, maintained phototherapy units (LED phototherapy) and other supplies for the management of jaundice, with no stock-outs
The health facility clinical staff who care for newborns receive training and regular refresher sessions in assessing and managing newborns with jaundice at least once.
Process or output
Proportion of all newborns admitted to the health facility who are visually screened for jaundice by an established mechanism.
Proportion of all newborns admitted to the health facility who are assessed for jaundice from serum bilirubin or with a transcutaneous bilirubinometer.
Proportion of all newborns who require phototherapy who actually receive it according to guidelines.
Outcome
Proportion of all small and sick newborns with jaundice who require exchange transfusion.
Proportion of all newborns with jaundice in the health facility who develop kernicterus.

Standard 1: Quality statements
B. Care for small and sick newborns

- **B4. Clinical monitoring and supportive care**

  1.36. Small and sick newborns, especially those who are most seriously ill, are adequately monitored, appropriately reassessed and receive supportive care according to WHO guidelines.

  1.37.NEW: Small and sick newborns are given antibiotics and other medications only if indicated, by the correct route and of the correct composition; the dose is calculated, checked and administered, the need for medication is regularly reassessed, and any adverse reaction is appropriately managed and recorded.

  1.38.NEW: Small and sick newborns who cannot tolerate full enteral feeds are given intravenous fluids containing glucose or safe, appropriate parenteral nutrition; fluids are administered through an infusion pump and a neonatal burette, the volume is recorded, and the intravenous site is checked with other routine observations.

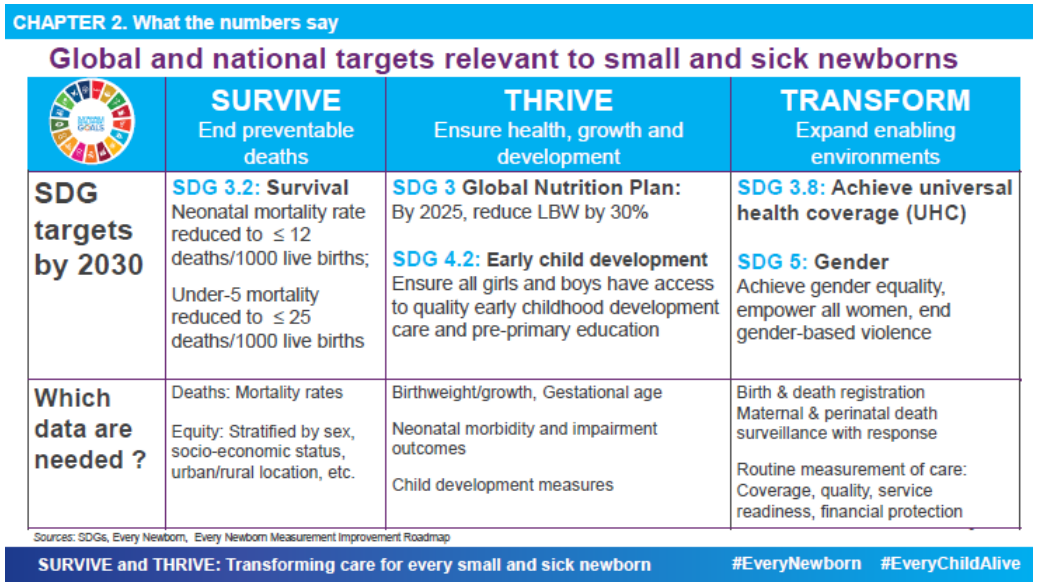
  1.39.NEW: Small and sick newborns are given blood transfusions when indicated, the blood given is appropriate, the volume is recorded, and the newborn is monitored before, during and after the transfusion.

Standard 2: Actionable information systems

2.1. Every small and sick newborn has a complete, accurate, standardized, up-to-date medical record, which is accessible throughout their care, on discharge and on follow-up.

2.2. Every health facility has a functional mechanism for collecting, analysing and using data on newborns as part of monitoring performance and quality improvement.

2.3. Every health facility has a mechanism for collecting, analysing and providing feedback on the newborn services provided and the perceptions of families of the care received.



CHAPTER 2. What the numbers say

Global and national targets relevant to small and sick newborns

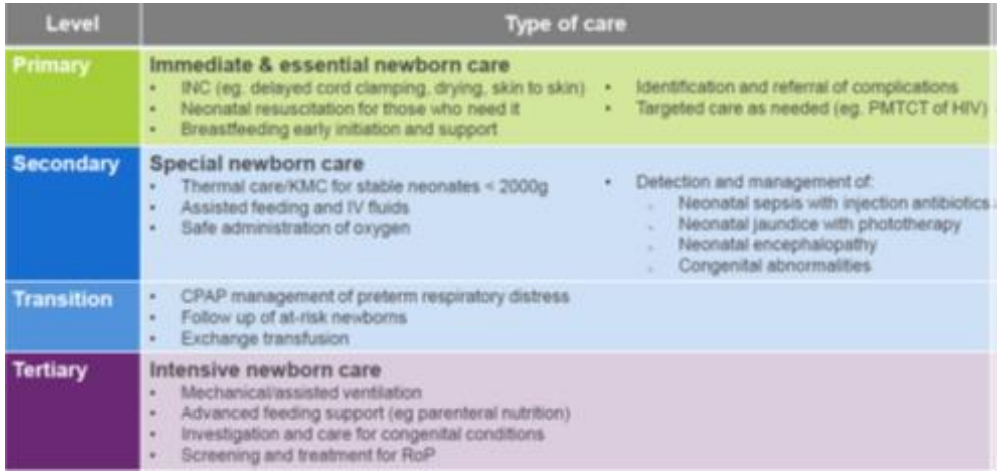
	SURVIVE End preventable deaths	THRIVE Ensure health, growth and development	TRANSFORM Expand enabling environments
SDG targets by 2030	SDG 3.2: Survival Neonatal mortality rate reduced to ≤ 12 deaths/1000 live births; Under-5 mortality reduced to ≤ 25 deaths/1000 live births	SDG 3 Global Nutrition Plan: By 2025, reduce LBW by 30% SDG 4.2: Early child development Ensure all girls and boys have access to quality early childhood development care and pre-primary education	SDG 3.8: Achieve universal health coverage (UHC) SDG 5: Gender Achieve gender equality, empower all women, end gender-based violence
Which data are needed ?	Deaths: Mortality rates Equity: Stratified by sex, socio-economic status, urban/rural location, etc.	Birthweight/growth, Gestational age Neonatal morbidity and impairment outcomes Child development measures	Birth & death registration Maternal & perinatal death surveillance with response Routine measurement of care: Coverage, quality, service readiness, financial protection

Sources: SDGs, Every Newborn, Every Newborn Measurement Improvement Roadmap

SURVIVE and THRIVE: Transforming care for every small and sick newborn #EveryNewborn #EveryChildAlive

Standard 3: Functioning referral systems

3.4. NEW: Every health facility that provides care for small and sick newborns has been designated according to a standard level of care and is part of an integrated newborn network with clear referral pathways, a coordinating referral centre that provides clinical management support, protocols and guidelines.



Level	Type of care
Primary	**Immediate & essential newborn care** • INC (eg. delayed cord clamping, drying, skin to skin) • Neonatal resuscitation for those who need it • Breastfeeding early initiation and support • Identification and referral of complications • Targeted care as needed (eg. PMTCT of HIV)
Secondary	**Special newborn care** • Thermal care/KMC for stable neonates < 2000g • Assisted feeding and IV fluids • Safe administration of oxygen • Detection and management of: - Neonatal sepsis with injection antibiotics - Neonatal jaundice with phototherapy - Neonatal encephalopathy - Congenital abnormalities
Transition	• CPAP management of preterm respiratory distress • Follow up of at-risk newborns • Exchange transfusion
Tertiary	**Intensive newborn care** • Mechanical/assisted ventilation • Advanced feeding support (eg parenteral nutrition) • Investigation and care for congenital conditions • Screening and treatment for RoP

3.5. NEW: Newborn transfer services provide safe, efficient transfer to and from referral neonatal care by experienced, qualified personnel, preferably specialist transport teams, in specialist transport vehicles.

3.6. NEW: Every newborn who requires referral is transferred in the Kangaroo Mother Care position with their mother, when possible.

Standard 4: Effective communication & meaningful participation

4.4. NEW: Carers of small and sick newborns and staff understand the importance of nurturing interaction with the newborn, recognize and respect the newborn's behaviour and cues and include them in care decisions.

- Newborn has an identity, feelings & emotions, can communicate & respond
- Carers/staff must understand how babies respond to them, through newborn behaviour & cues

4.5. NEW: All carers receive appropriate counselling and health education about the current illness of the newborn, transition to Kangaroo Mother Care follow-up, community care and continuous care, including early intervention and developmental follow-up.

4.6. NEW: In humanitarian and fragile settings, including pandemic situations, special consideration is given to the specific psychosocial and practical needs of small and sick newborns and their carers.

- Effective communication is crucial to address fear & misinformation.

Family centred care: An approach to health care that is respectful of and responsive to individual families' needs and values

Standard 5: Respect, protection and fulfilment of newborn rights and preservation of dignity

Article 7(1) of the CRC states, "The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality".

5.5. NEW: All newborns have their birth registered and have an identity.

- The right to a name & nationality is well established
- Many births remain unregistered
- Benefits for accessing health & education & identification documents

5.6. NEW: All newborns who die and all stillbirths have their death registered.

- Most neonatal deaths & stillbirths have no death certificate
- Carers should be supported to register newborn births, deaths & stillbirths

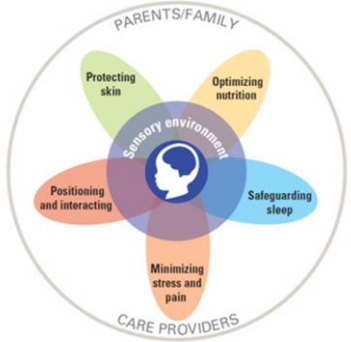
Standard 6: Emotional, psychosocial and developmental support

6.2. NEW: All newborns born preterm or with a low birth weight receive Kangaroo Mother Care as soon as possible after birth, and the parents are supported in its provision

6.3. NEW: All small and sick newborns receive appropriate developmental supportive care, and their families are recognized as partners in care

6.5. NEW: All small and sick newborns receive appropriate, coordinated developmental follow-up with minimal disruption to family life and routines.

- Multi-disciplinary
- Early intervention: Promote Early Childhood Development (ECD)
- Follow-up visits



Adapted from: Altimie L, Phillips R. Newborn & Infant Nsg Rev 2016; 16:230.

Developmental supportive care is a broad category of interventions designed to minimize the stress of the neonatal intensive care (NICU) environment.

Quality measures for quality statement 6.3
Input
The health facility has written, up-to-date guidelines, protocols, standard operating procedures and mechanisms to ensure that staff and carers provide developmental supportive care for small and sick newborns.
The health facility has a mechanism for regular collection of information on carer and provider experiences of developmental supportive care.
The health facility staff who care for small and sick newborns receive training and regular refresher sessions in developmental supportive care for newborns at least once.
Process or output
Proportion of small and sick newborns in the health facility for whom there is information on the developmental supportive care received as part of documentation of their general care.
Proportion of small and sick newborns in the health facility whose carers reported participating in their newborn's care.
Proportion of small and sick newborns who received appropriate developmental supportive care during their stay in the health facility.
Outcome
Proportion of small and sick newborns who demonstrate the appropriate developmental state while in hospital before discharge.

Standard 7: Competent, motivated, empathetic multi-disciplinary human resources

7.3. NEW: All staff working in neonatal units of a health facility have the necessary knowledge, skills and attitudes to provide infection prevention and control, basic resuscitation, Kangaroo Mother Care, safe feeding and medications and positive interaction with newborns and communication with carers

- Need for neonatal nursing specialists
- Avoid rotation
- Ensure authorization to provide interventions
- Strong managerial leadership & advocacy
- Human resources policies & legal entitlements

Small & sick newborn survival in facilities linked to numbers of qualified nurses working per shift

Standard 8: Essential physical resources for small and sick newborns available

8.5. NEW: All carers of small and sick newborns have a dedicated area with supportive elements, including adequate space for Kangaroo Mother Care, family-centred care, privacy for mothers to express breast milk and facilities for hygiene, cooking and laundry.

- Fully equipped KMC unit/area with amenities for rooming-in & family centred care facility

8.6. NEW: In humanitarian and fragile settings including pandemic situations, provision of a safe, secure environment for the care of small and sick newborns is included in preparedness, response and recovery plans .

Implementing the Maternal, Newborn, and Child Health QoC Standards



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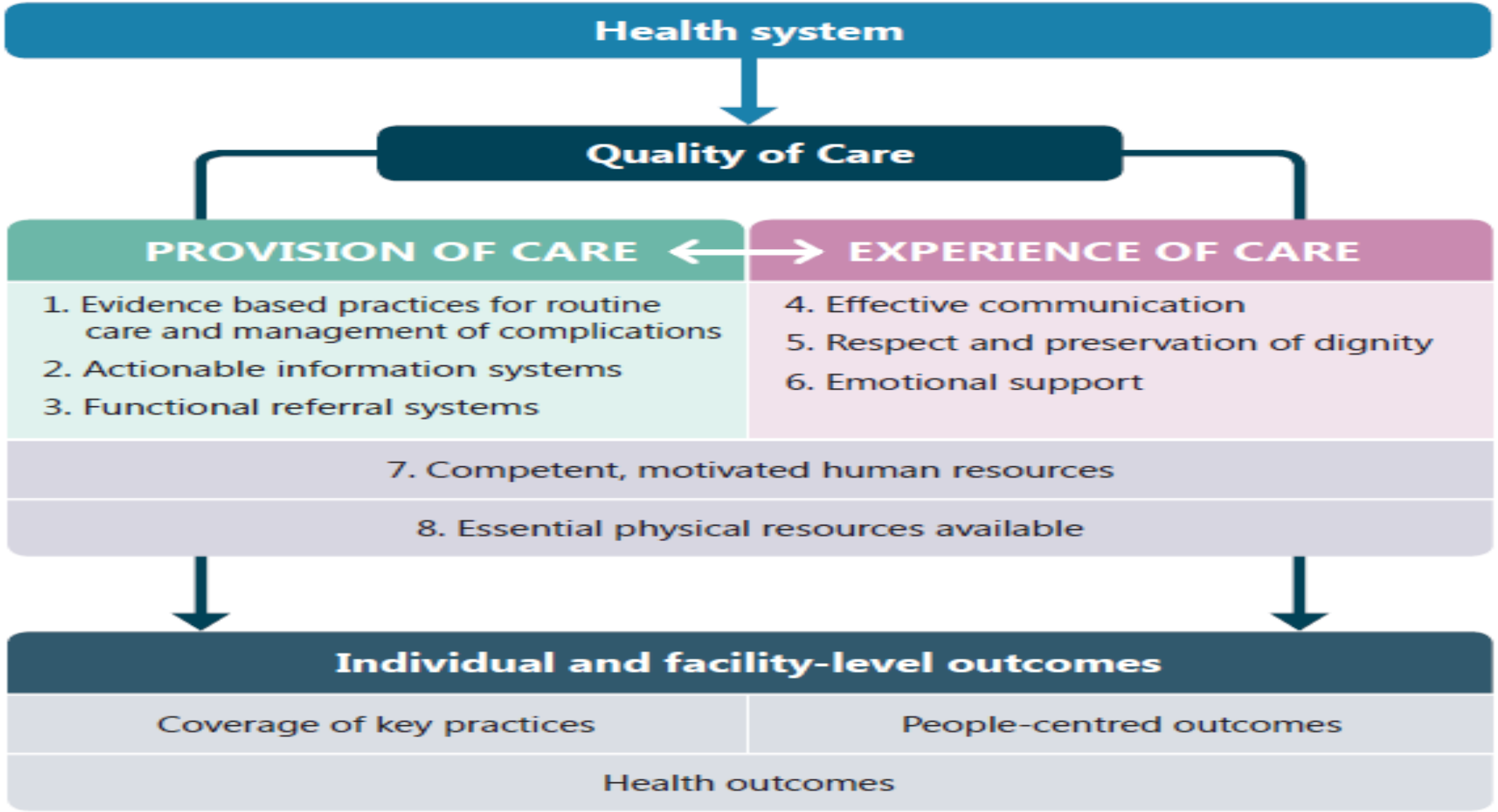
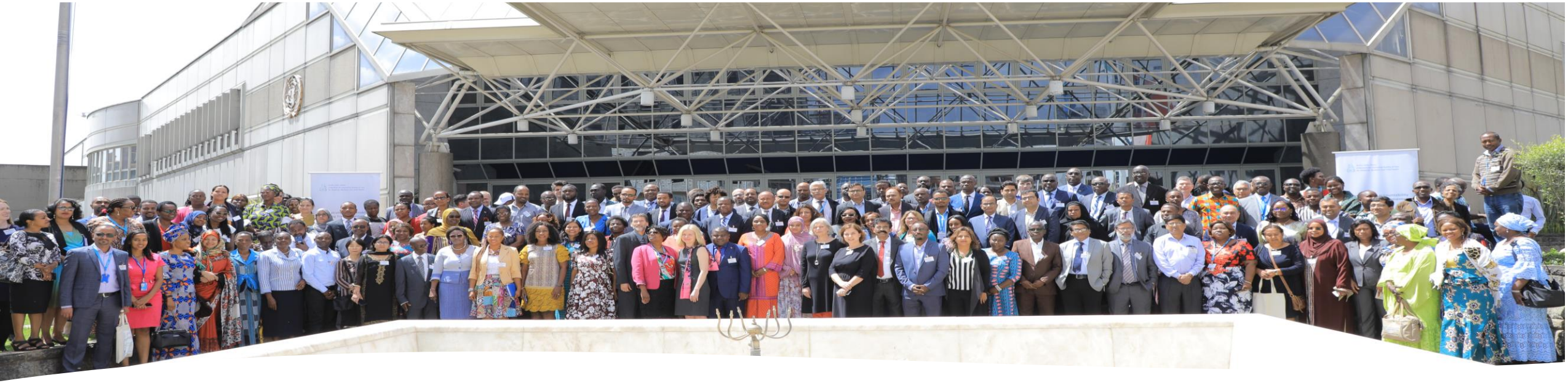
UHC/Life Course Cluster

WHO Regional Office for Africa

The quality of Care framework





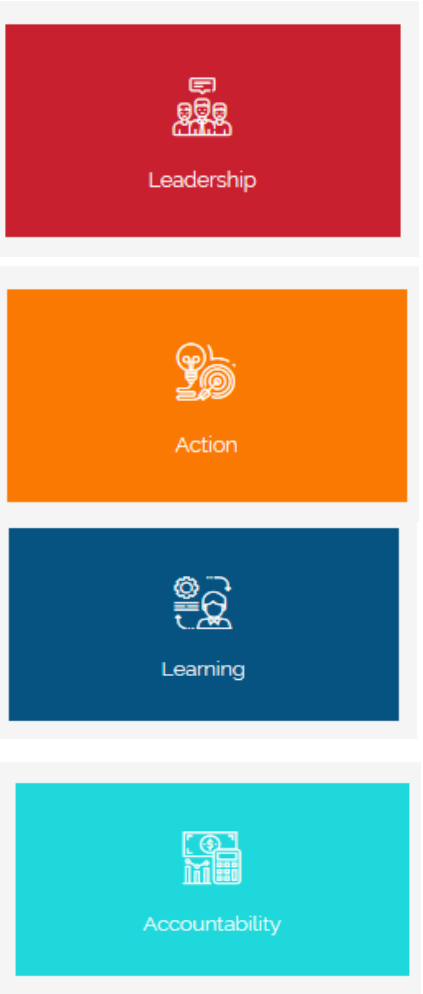
What is the Network

- A broad-based partnership of **committed governments, implementation partners and funding agencies**, coordinated by the WHO to support efforts to improve maternal and newborn QoC

- **Country-led** and builds on national structures for quality of care and domestic resources
- Composed of **first wave countries** to build partnerships for learning which can be rapidly drawn upon by other countries

    - Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda

Strategic Objectives



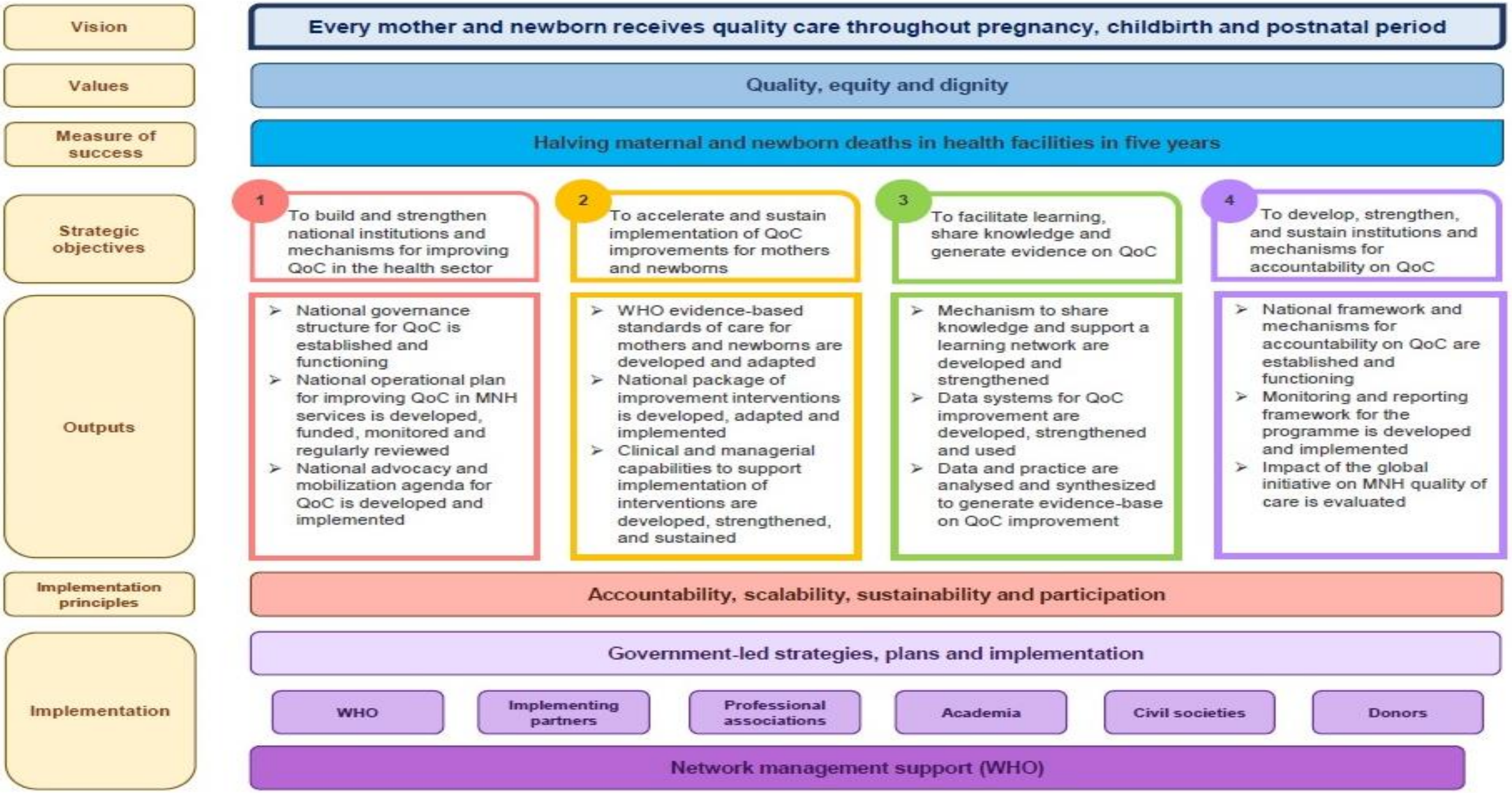
LEADERSHIP: Build and strengthen national institutions and mechanisms for improving quality of care in the health sector

ACTION: Accelerate and sustain implementation of quality of care improvements for mothers and newborns

LEARNING: Facilitate learning, share knowledge and generate evidence on quality of care

ACCOUNTABILITY: Develop, strengthen and sustain institutions and mechanisms for accountability for quality of care

Results Framework



Lessons Learnt from Country Implementation of the MNCH QoC standards