



The best start for every baby: Progress in the Western Pacific Region

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If this benefits babies,



Immediate drying, delayed cord clamp

Why is this so common?



Immediate cord clamp, delayed drying, suction



Skin-to-Skin Contact



Separated from mother

Endorsement of a Regional Action Plan in 2013

Action Plan for
Healthy Newborn Infants
in the Western Pacific Region
(2014–2020)



 World Health
Organization
Western Pacific Region

 unicef 

Goal: To eliminate preventable newborn mortality by providing universal access to high-quality early essential newborn care (EENC)

Targets:

1. At least 80% of facilities where births take place are implementing EENC
2. At least 90% of births in sub-national areas are attended by SBAs
3. NMR \leq 10 per 1000 live births
- National & sub-national

What is Early Essential Newborn Care (EENC)?

	INTRAPARTUM CARE		NEWBORN CARE
All mothers and newborn infants	1. The First Embrace	Labour monitoring (partograph)	<ul style="list-style-type: none"> • Immediate drying • Immediate skin-to-skin contact • Appropriately timed clamping and cutting of the cord • Exclusive breastfeeding • Routine care – eye care, vitamin K, immunizations, weighing and examination
At-risk mothers and newborn infants	2. Preterm and low-birthweight infants	<ul style="list-style-type: none"> • Preterm labour <ul style="list-style-type: none"> – Elimination of unnecessary inductions and caesarean sections – Antenatal steroids – Antibiotics for preterm PROM 	<ul style="list-style-type: none"> • Kangaroo Mother Care • Breastfeeding support • Immediate treatment of suspected infection
	3. Sick newborn infants	<ul style="list-style-type: none"> • Obstructed/prolonged labour • Fetal distress: <ul style="list-style-type: none"> – Assisted delivery – Caesarean section 	<ul style="list-style-type: none"> • Not breathing at birth: resuscitation • Suspected sepsis: antibiotic treatment

Includes at least 90 minutes of uninterrupted skin-to-skin contact and early (within 15-90 minutes of birth) breastfeeding

What is Early Essential Newborn Care (EENC)?

EENC aims to eliminate harmful practices that increase risk of infection, hypothermia and death

- Unnecessary separations (and exposure to unclean surfaces, carers hands, NICU and formula)
- Unnecessary suction (with risks of trauma, infection, bradycardia and apnoea)
- Unnecessary procedures (episiotomy, C-section)

Targeted focus: nine priority countries

REALITY CHECK

8 PRIORITY COUNTRIES
account for
96% of neonatal deaths
IN THE WESTERN PACIFIC REGION



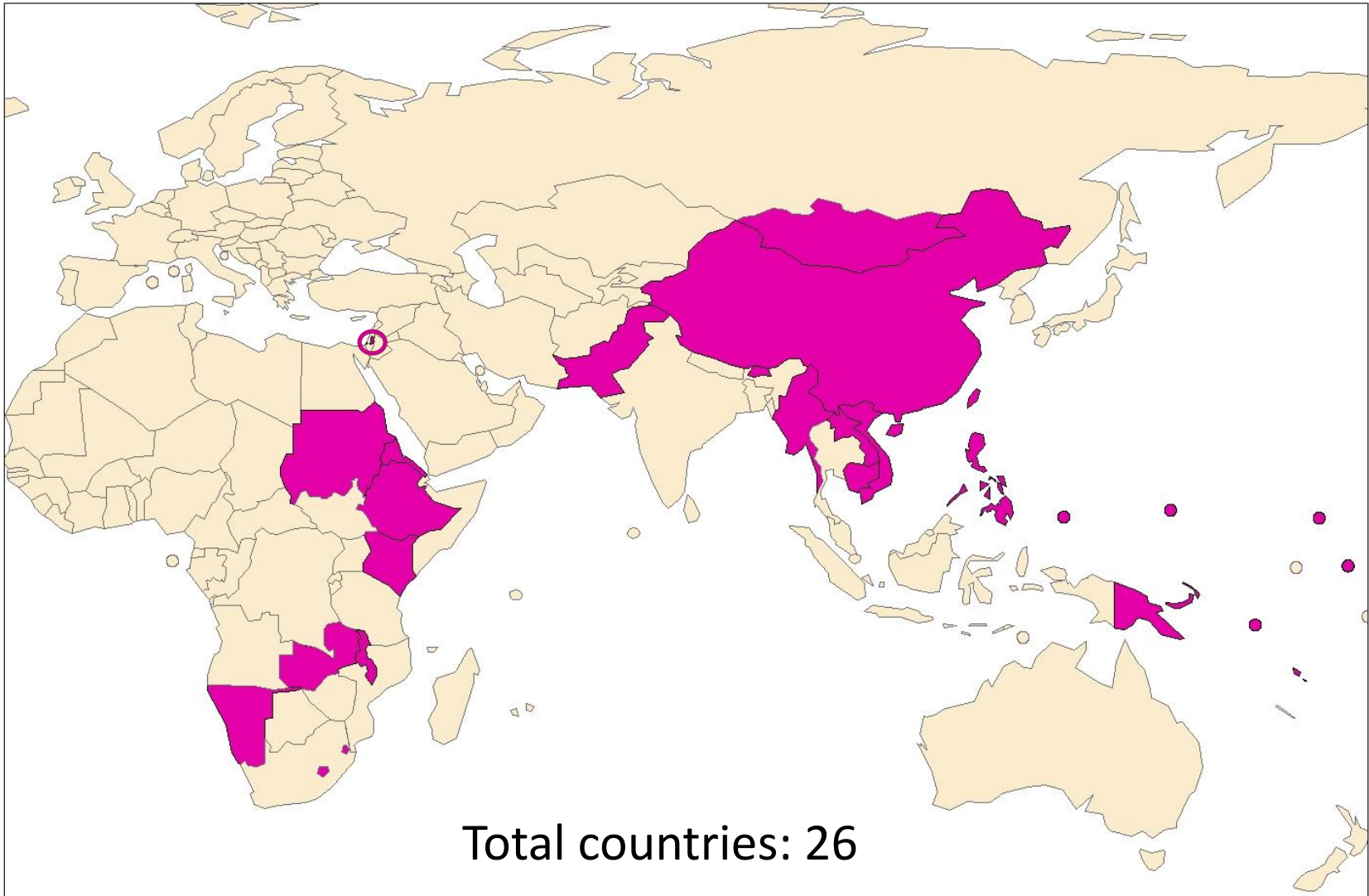
Vanuatu



Requested to join as the 9th
EENC priority country in 2018

From WPRO to other regions

Introducing the WPRO EENC approach in the SEARO, EMRO and AFRO regions



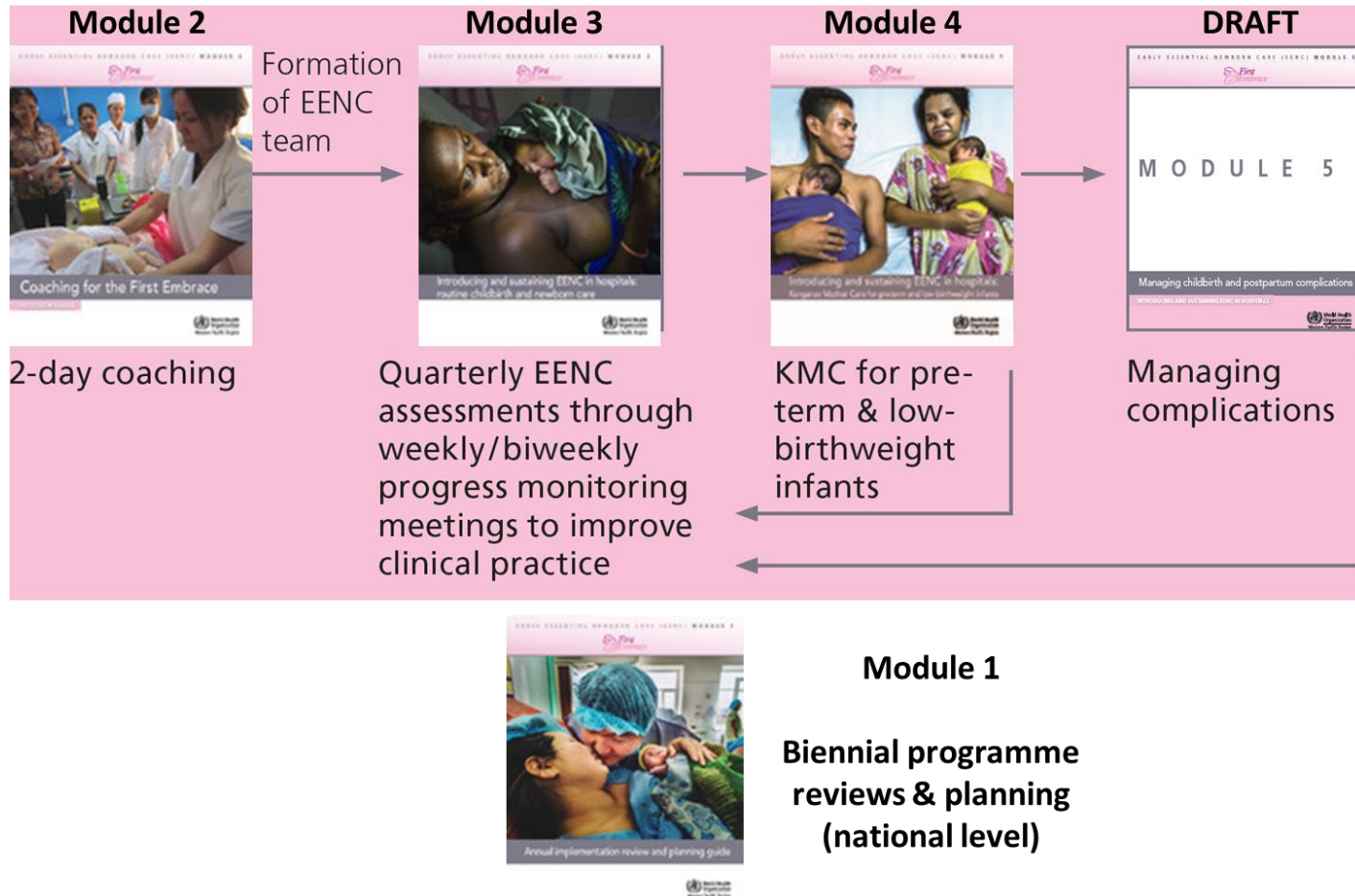
Evolution of the EENC approach

- **Initial approach:**
 - Establish policy support, costed EENC action plans, national technical working groups, and a MoH focal person, strengthen monitoring and evaluation, and routine information systems
- **As EENC evolved, we discovered these are critical, but better if they occur naturally**
- **A healthy newborn is the best sales point and starting point for health workers, babies and families alike**

“After practicing the new approach ...the babies are stronger, they breathed better than the other approach; they turned pink faster”
-- Midwife, Cambodia



EENC evolved naturally from highly visible facility improvements; each building on the previous module



Each module got tested and revised 20-60 times across 8 countries to maximize applicability and usability

Introducing and scaling-up EENC



1. Coaching of health workers providing childbirth and newborn care has proven effective to begin the transformation

Module 2: Coaching for the First Embrace

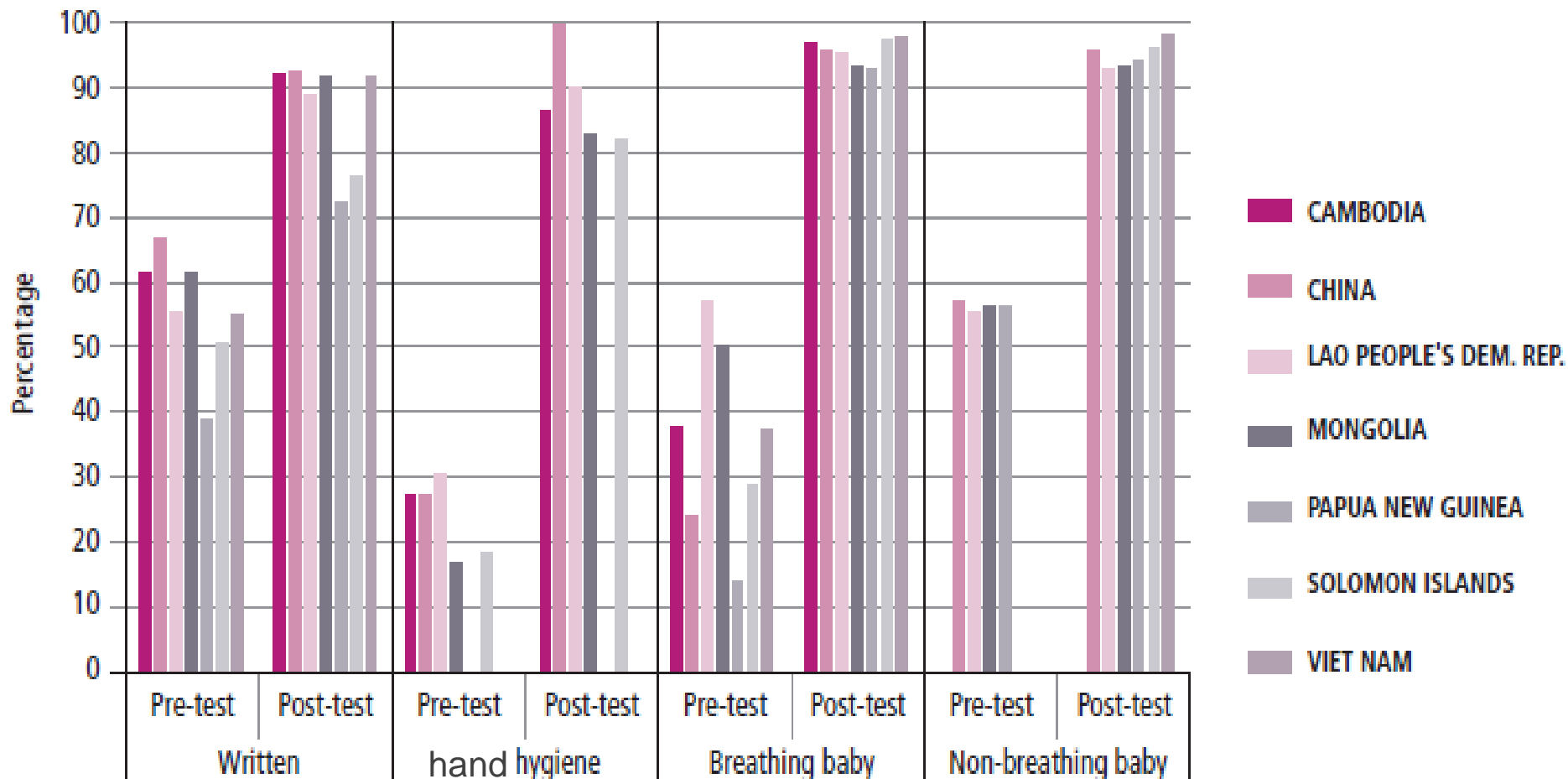
- 2-day *coaching* in a delivery room creates a realistic environment
- No lectures / No PPT
- Health workers demonstrate their current practices unassisted to establish baseline
- Facilitators coach participants until newborn care steps are mastered
- Pre- and post-coaching tests to ensure participants meet minimum standards

“Staff usually don’t want to go back to the next day, but they were excited to continue”

– Hospital Director, National Obstetrics and Gynaecology Hospital, Viet Nam

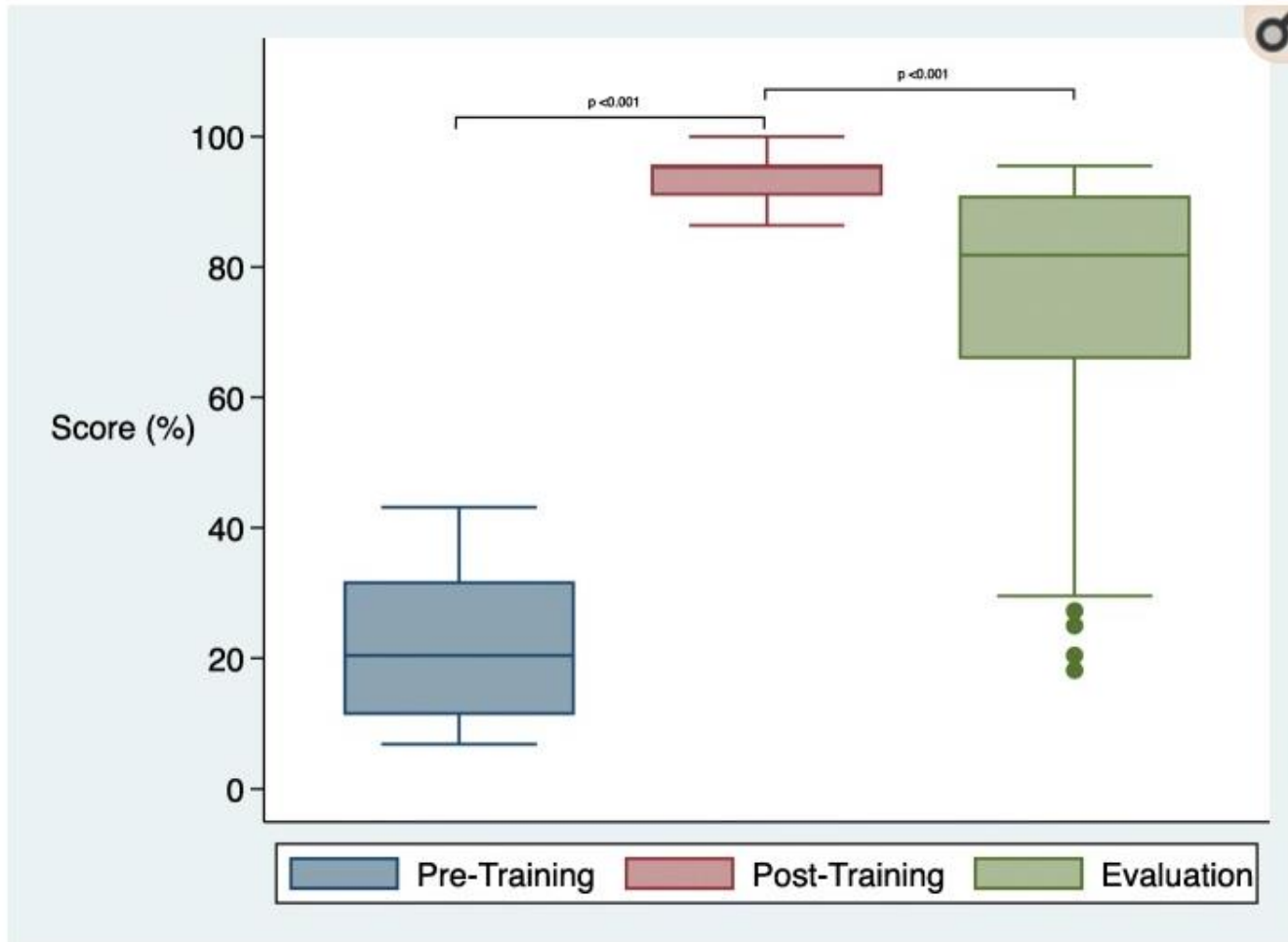


Pre- and Post-coaching test scores in 7 countries



Sustained improvements in practices post coaching: Solomon Islands

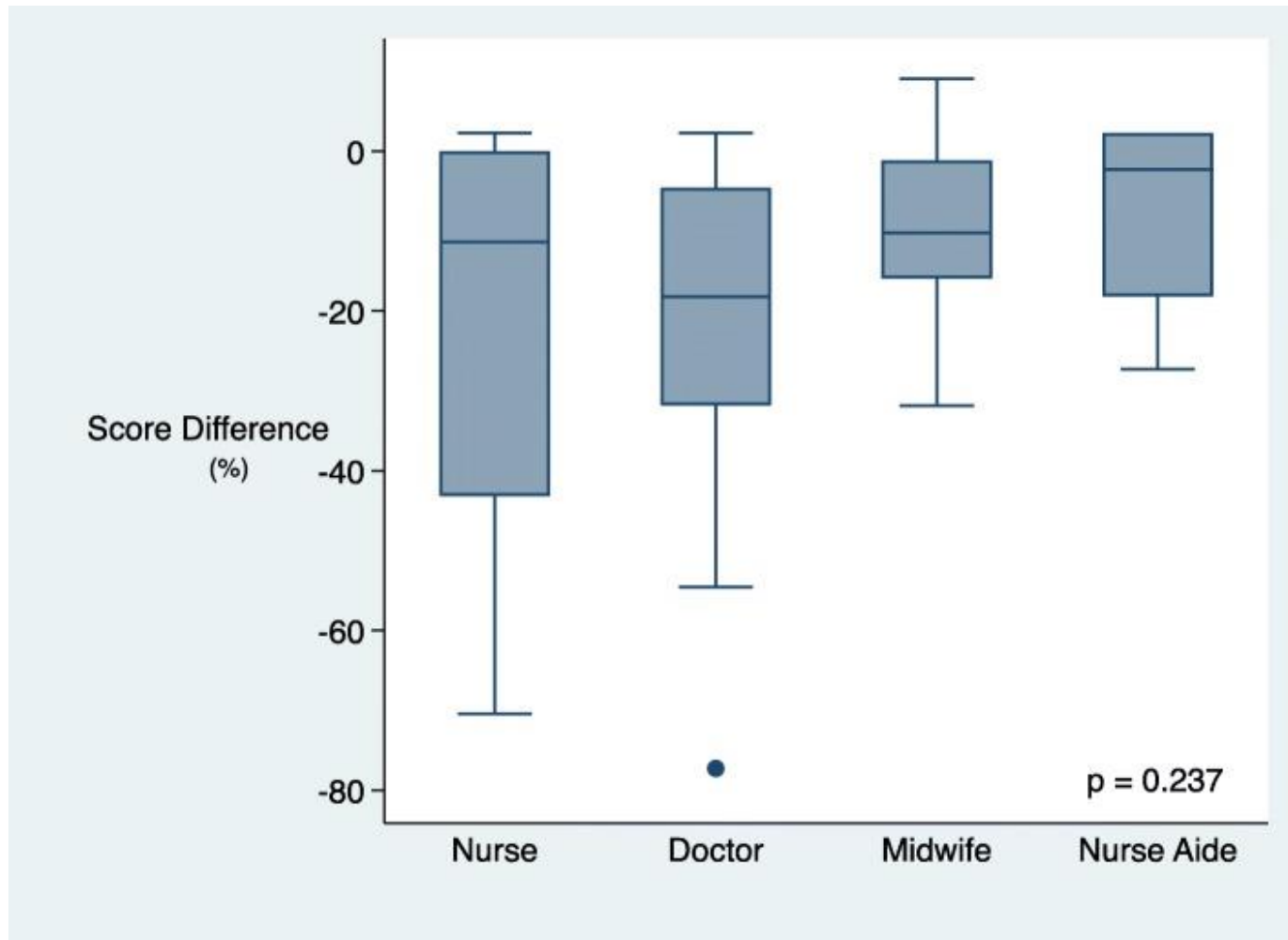
Skills scores for the breathing baby scenario by time period
(N=25 participants)



Source: Tosif S, ... Mannava, Sobel... 2020

With delivery room staff showing greater retention

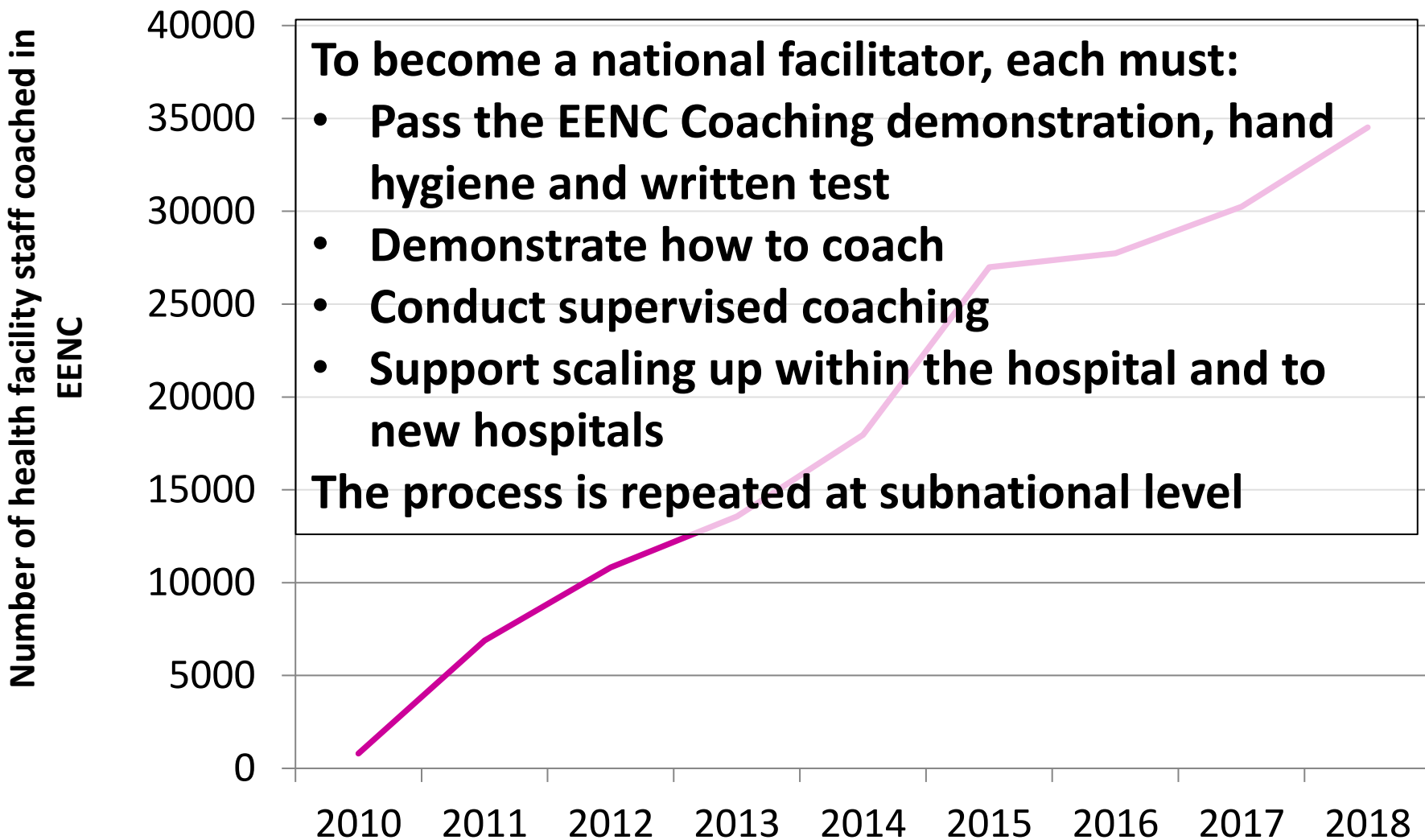
Score difference (post-coaching vs evaluation) for breathing baby scenario by cadre (N=25 participants)





Health workers coached on EENC

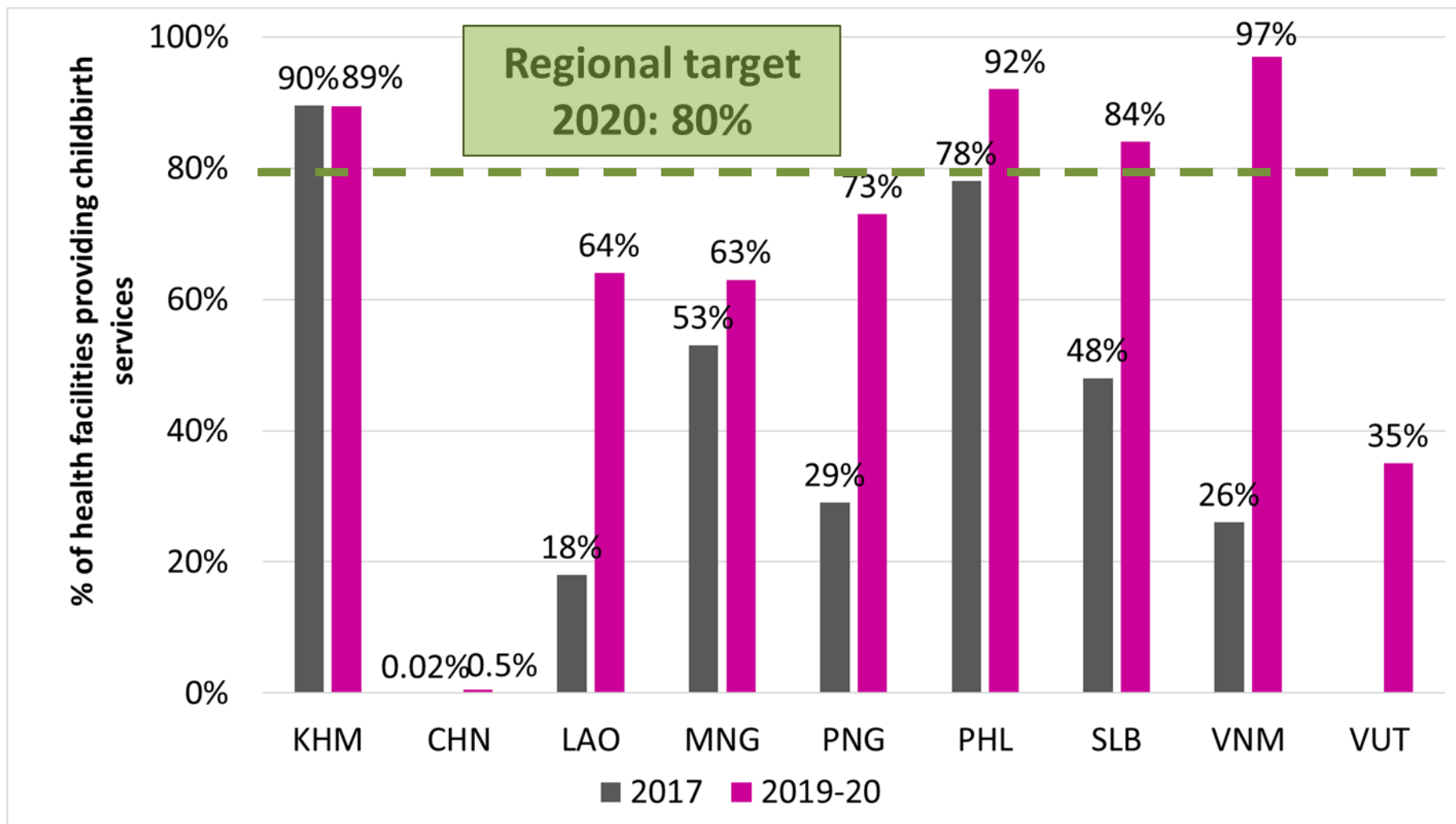
34,655 health facility staff have been coached in EENC





Health facilities that have introduced EENC

6,017 health facilities with ≥ 50 deliveries/year have introduced EENC \approx **79% increase** from 2017

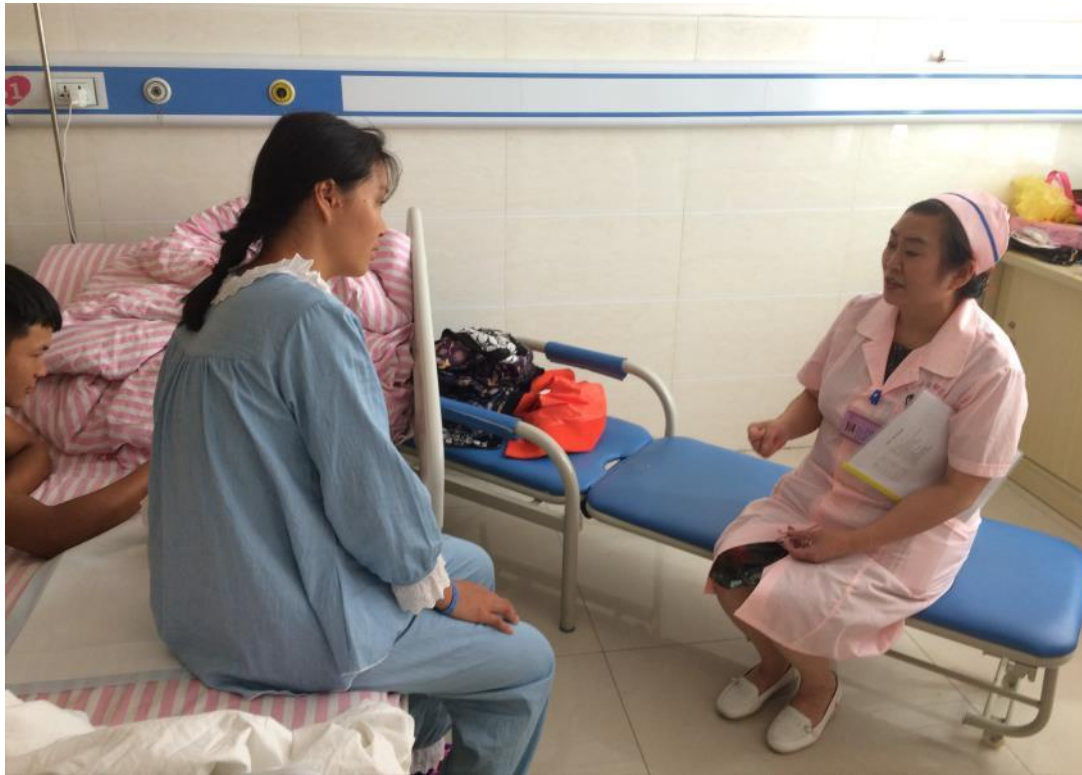


Module 3: Introducing and sustaining EENC in hospitals



2. Establishing a health facility quality improvement process for EENC solidifies new practices

Interview mothers (and summarize data)



Xichang, China, 2016

记录表1b. 产妇出院前访谈表汇总

问题	汇总 n/N (%)
1. a. 分娩过程中, 有多少产妇被鼓励选择她喜欢的分娩姿势?	7/10 (70%)
b. 常用的分娩姿势是什么?	主要信息 半卧, 水中待产
c. 多少产妇接受了子宫底加压?	0/10 (0%)
d. 多少进行了会阴侧切?	0/10 (0%)
2. 多少新生儿在产后2小时之内洗澡?	0/10 (0%)
3. 多少新生儿在产后立即与母亲皮肤接触? 其中,	10/10 (100%)
a. 多少新生儿1分钟内即皮肤接触?	0/10 (0%)
b. 多少新生儿皮肤接触至少持续60分钟?	3/10 (30%)
c. 多少新生儿与母亲分开前完成了第一次母乳喂养?	5/10 (50%)
d. 为什么新生儿与母亲分开(指第一次皮肤接触中断的原因) 常见原因:	母婴分离, 产妇疲劳
4. 多少新生儿住院期间始终跟母亲在一起?	9/10 (90%)
5. 多少是纯母乳喂养?	10/10 (100%)
a. 多少新生儿在15-90分钟内即母乳喂养? (原因):	3/10 (30%)
b. 第一次母乳喂养持续多长时间? 时间范围:	20-60分钟
c. 自由生后, 多少新生儿喂养了母乳之外的食物?	5/10 (50%)
d. 多少新生儿完成弹奶奶(15-90分钟)且是纯母乳喂养?	2/10 (20%)
6. 出生后至今, 多少新生儿吃了母乳之外的食物?	5/10 (50%)
a. 在吃了母乳之外的食物的新生儿中, 都是哪些食物(按量)?	a. 水 b. 糖水 c. 配方奶 d. 其他辅食
7. 多少新生儿使用奶瓶喂养?	0/10 (0%)
8. 多少产妇是剖宫产?	0/10 (0%)
a. 剖宫产常见原因?	常见原因:
9. 多少新生儿的脐带接受过处理?	1/10 (10%)
a. 使用什么药物或方式处理?	药物: 碘伏(用酒精处理)

Observe deliveries (and drugs, supplies, equipment, infection control)



分娩过程观察汇总

项目	观察数 N	符合率 (%)	观察数 N	符合率 (%)
1. 产妇体位	2	100%	0	0%
2. 胎心监护	1	100%	0	0%
3. 产程记录	2	100%	0	0%
4. 产房消毒	2	100%	0	0%
5. 产房温度	0	0%	1	100%
6. 产房湿度	2	100%	0	0%
7. 产房通风	2	100%	0	0%
8. 产房照明	2	100%	0	0%
9. 产房噪音	2	100%	0	0%
10. 产房空气质量	2	100%	0	0%
11. 产房安全	1	50%	1	50%
12. 产房清洁	2	100%	0	0%
13. 产房设备	2	100%	0	0%
14. 产房药品	2	100%	0	0%
15. 产房器械	0	0%	0	100%
16. 产房耗材	1	50%	0	50%
17. 产房废物	2	100%	0	0%
18. 产房感染控制	2	100%	0	0%
19. 产房应急预案	2	100%	0	0%
20. 产房培训	2	100%	0	0%
21. 产房质量	1	100%	0	0%

Xichang, China, 2016

Analyze data and priority areas for improvement



Da Nang,
Viet Nam, 2016

Cebu, Philippines,
2018



Identify underlying causes of priority areas for improvement and develop a 3-month plan



Xichang, China, 2016

表5 改进EENC的重点环节

重点行动	责任人	时间表	状态时间
1. 完善剖宫产EENC流程 (皮肤精神)	武兴荣, 姜颖	1年	
2. 侧位接生改为平位接生	武兴荣, 姜颖	3月	
3. 第三产程自由体位	武兴荣, 姜颖	1年	
产房增加速干手消毒液	姜金芳	环境	卫生
1. 陪产制度制定和实施	林霞, 柳楠	1月/3月	
2. 袋鼠妈妈护理制度制定	林霞, 马芳, 姜颖, 柳楠	3月	
3. 分娩剖宫产的选择	马芳, 武兴荣, 姜颖	3月	
4. 分娩相关知识培训	姜金芳, 姜颖	即刻	
1. 听诊器卫生差	姜金芳, 姜颖	1月	
2. 产床不能正常使用, 负压吸引器处于功能故障	姜金芳, 姜颖	1月	
3. 药品储存	柳楠, 姜颖	1月	
4. 新生儿呼吸面罩	柳楠, 姜颖	1月	
5. 急救车分区标识	柳楠, 姜颖	1月	
1. 分娩流程细节化	姜金芳, 姜颖	3月	
2. 分娩前准备工作细节化 (设备)	姜金芳, 姜颖		
3. 医务人员工作态度和简化给予更多沟通和健康教育	姜金芳, 姜颖		
1. 医院信息化需要	姜金芳, 姜颖		
2. 专项统计细化	姜金芳, 姜颖		
3. 特殊患儿早期随访、跟踪、完善(高危儿)	姜金芳, 姜颖		
儿科制度完善	姜金芳, 姜颖		

Identify underlying causes of priority areas for improvement and develop a 3-month plan



Identifying and prioritizing strengths for improvement for EENC

Strengths	Priority areas for improvement	Underlying reasons
Hand hygiene practice² • Good reporting in rate • 100% exclusive BF rate • 100% early STS contact • Good monitoring of babies	• Uninterrupted STS contact • Hand hygiene practices @ DR • Gloving practices • No HIV / RPR testing for wait-in pt	• Lacking of stretchers • OB kit • Policy strengthening • Lacking of critical commodities
Environmental hygiene • Good supply of alcohols • Continuous clean running water • Availability of toilet in the ORCA • Proper garbage disposal	• with dispenser but not in all areas (alcage) • No handtowels available for drying of hands after washing • Thermometers are not used • Sitchoscopes are not widely available	• Temporary transfer of wards due to flooding • No stocks from central supply • Interruption availability of OB kit
Key medicines and supplies • Most med are available • expiry, storage • gloves available are available • prescription area available • monitoring and recording of drug • drug use well stored	• OR delivery table (non-functional) during • antibiotic is only 0 • no set drug 20 • availability of electrolyte - bonus outside	• procurement delay requesting delay not available in CS • No OR kit
Hospital policies • Existing & working policies	• comparison of choice during delivery	• inadequate space • crowd control, infection control
EENC coaching for staff		
Hospital impact indicators • Good reporting of data (based on survey)	• outbreaks of sepsis • ↑ from 0 activities during central ward (low up for CT)	• practice & water supply • no isolation area • Inadequate OR theater • Doctor: Patient ratio
a. Based on data collected from exit interviews, chart reviews, and observations of deliveries		

Cebu, Philippines, 2018

Discuss findings and 3-month plan with vice hospital director and department directors



Quality improvement for EENC

Of 174 hospitals sampled in eight priority countries*:



71% have an EENC team, supported by senior management, increase from 55% in 2017



30% have established a quality improvement approach, increase from 19% in 2017

*No data from China using the standard methodologies to determine whether QI approach has been established

Introducing and scaling-up EENC



3. Annual implementation review and planning establishes progress and supports scale up

At the national level - Module 1: Annual implementation review and planning

6-day review involving data collection and data synthesis by local teams in EENC implementing health facilities to inform system-level changes

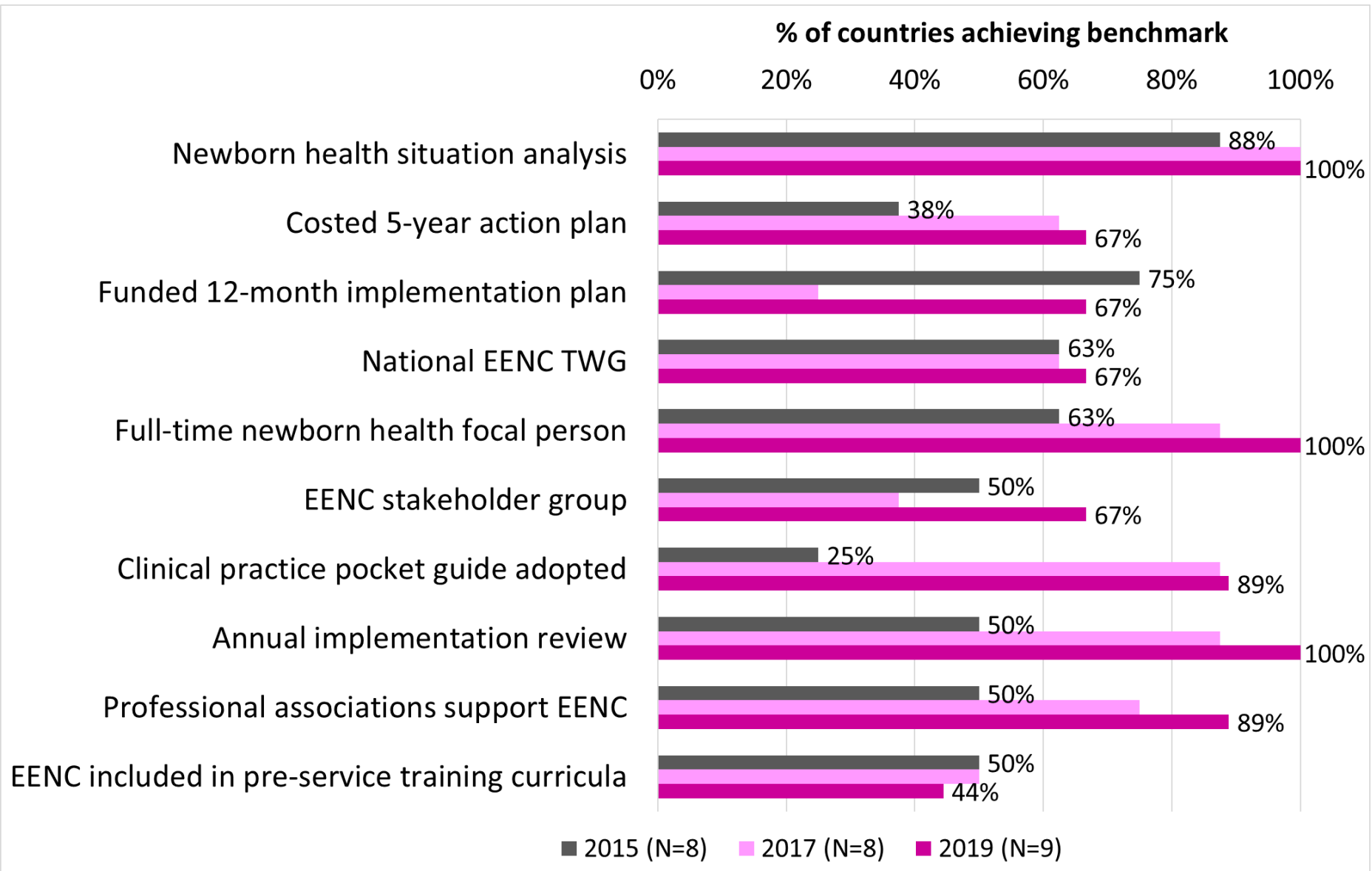


Lao PDR, 2017

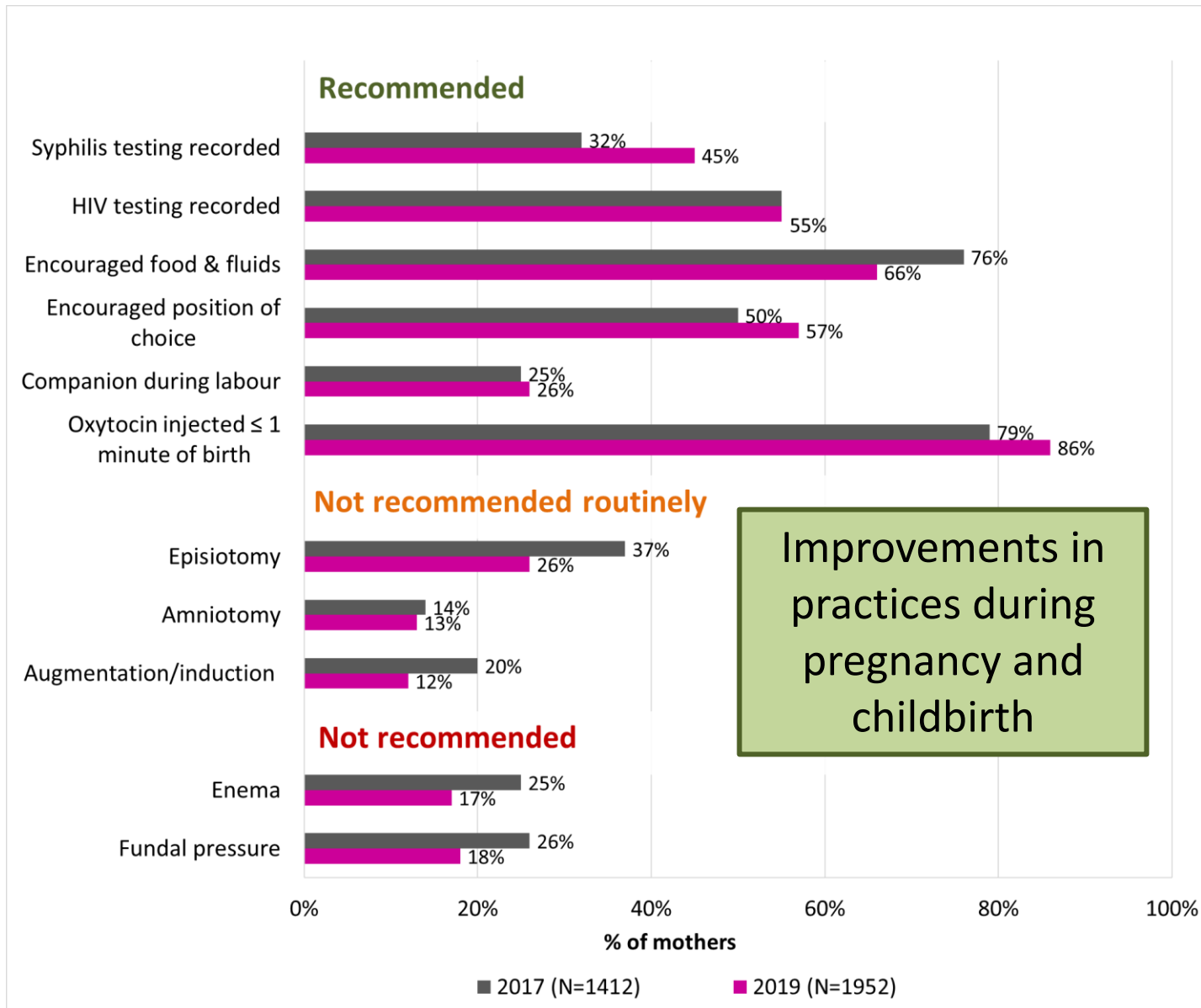


Papua New Guinea, 2018

Policy and planning support for EENC scale up: progress in readiness benchmarks

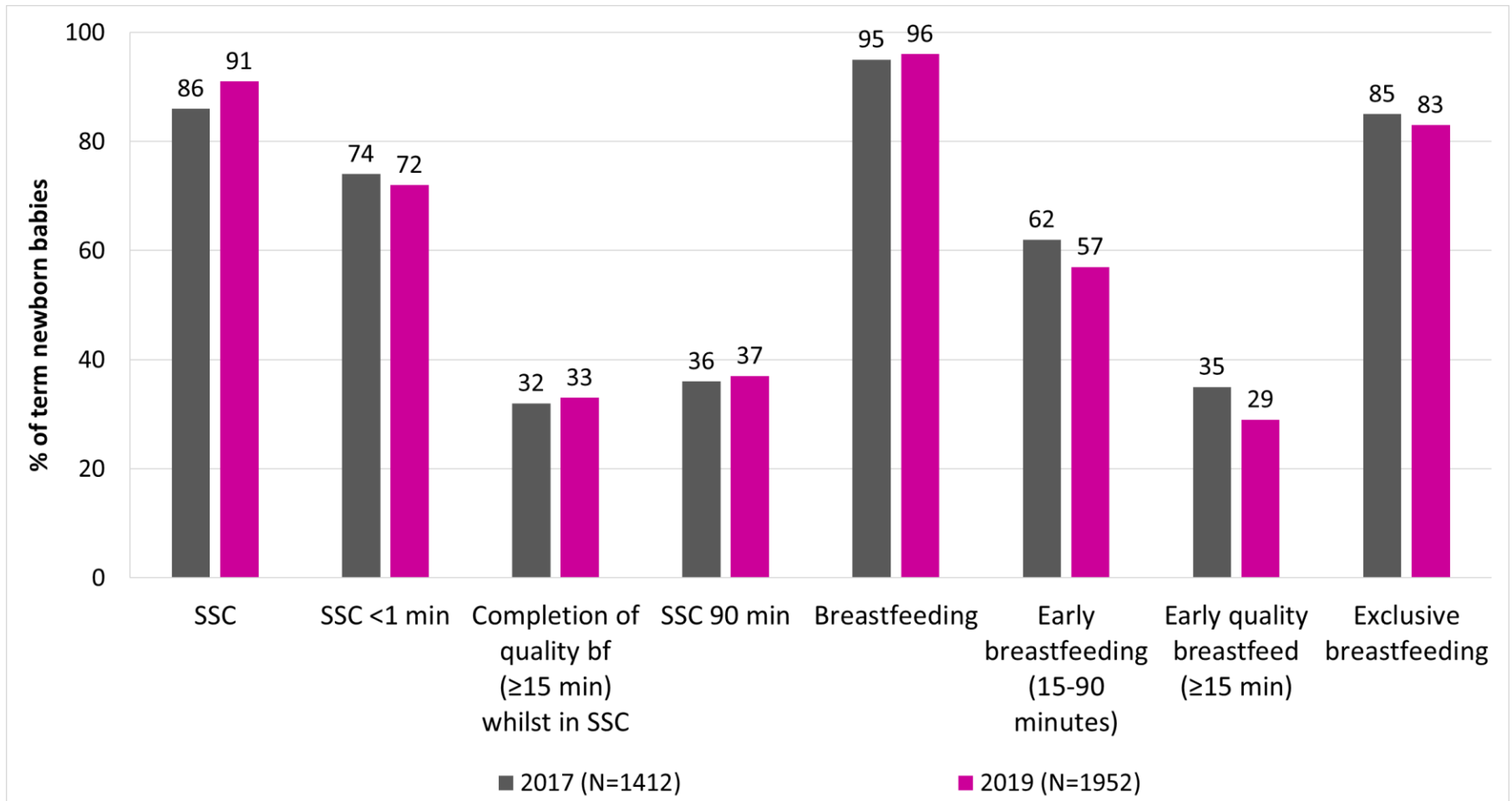


Clinical practices during pregnancy and childbirth, 2017 vs 2019



Skin-to-skin and breastfeeding practices for term babies, 2017 vs 2019

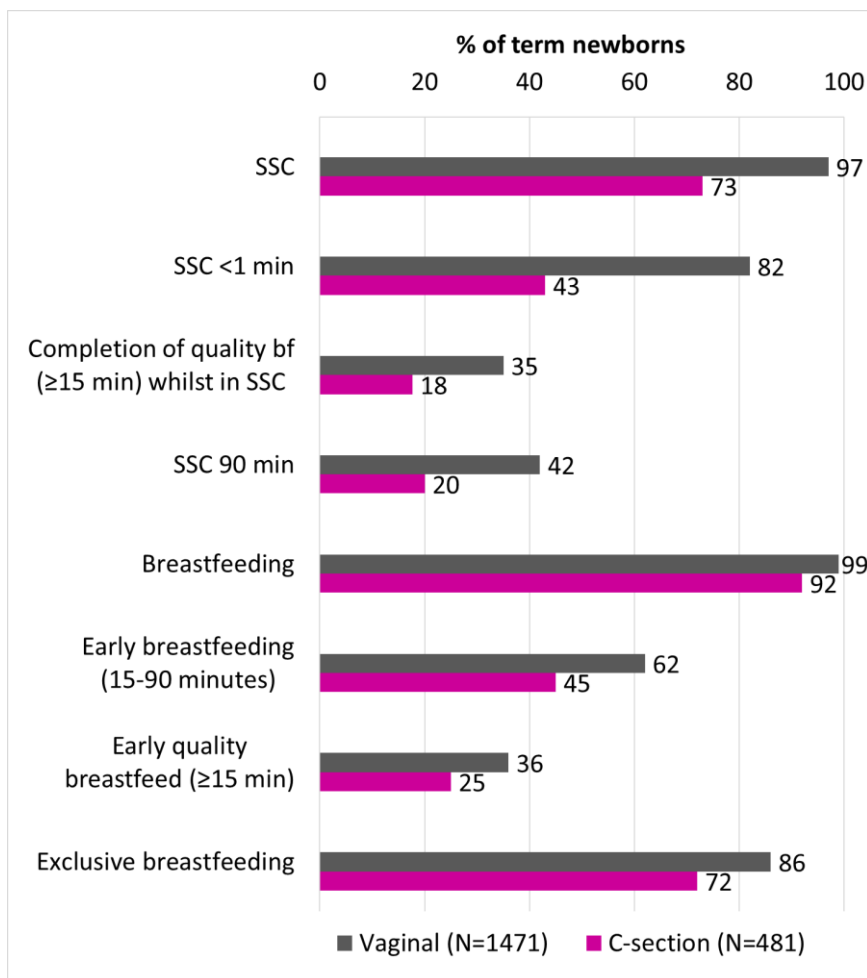
Improvements or stable trends in skin-to-skin and breastfeeding practices for term babies since 2017, with the exception of early and quality breastfeeds



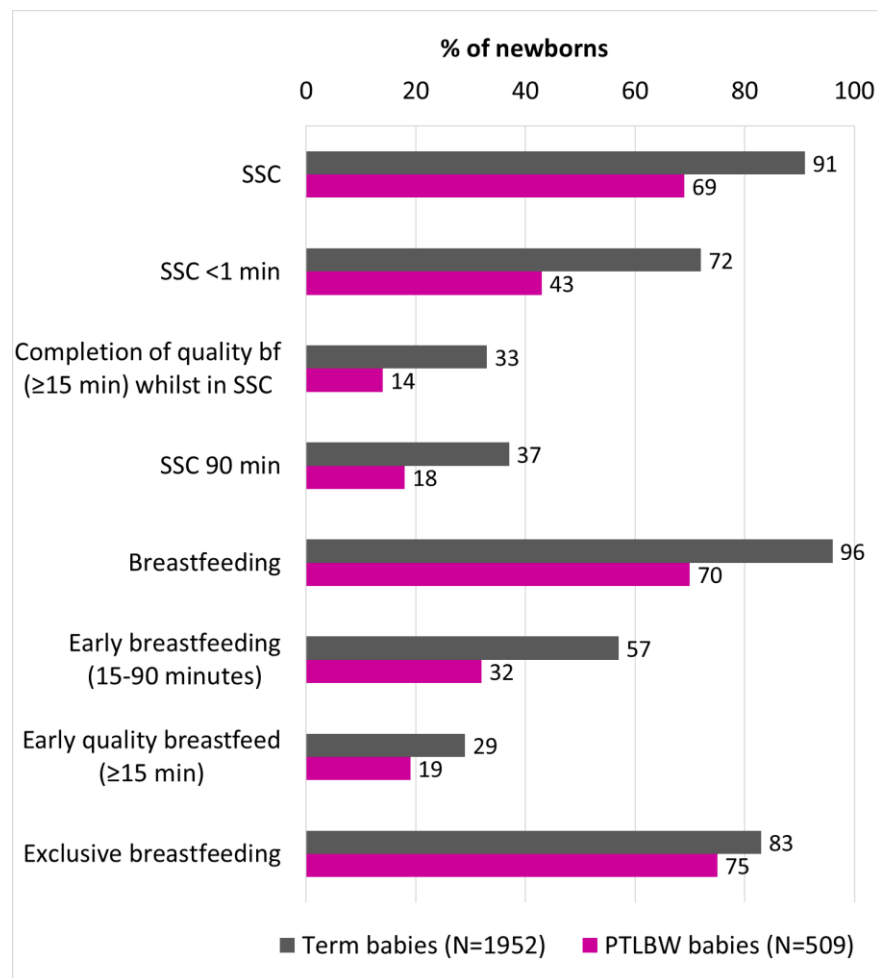
However, some babies are still being left behind

Babies born preterm and low birthweight (PTLBW) or delivered by C-section are less likely to benefit from skin-to-skin contact and breastfeeding

Vaginal birth vs C-section



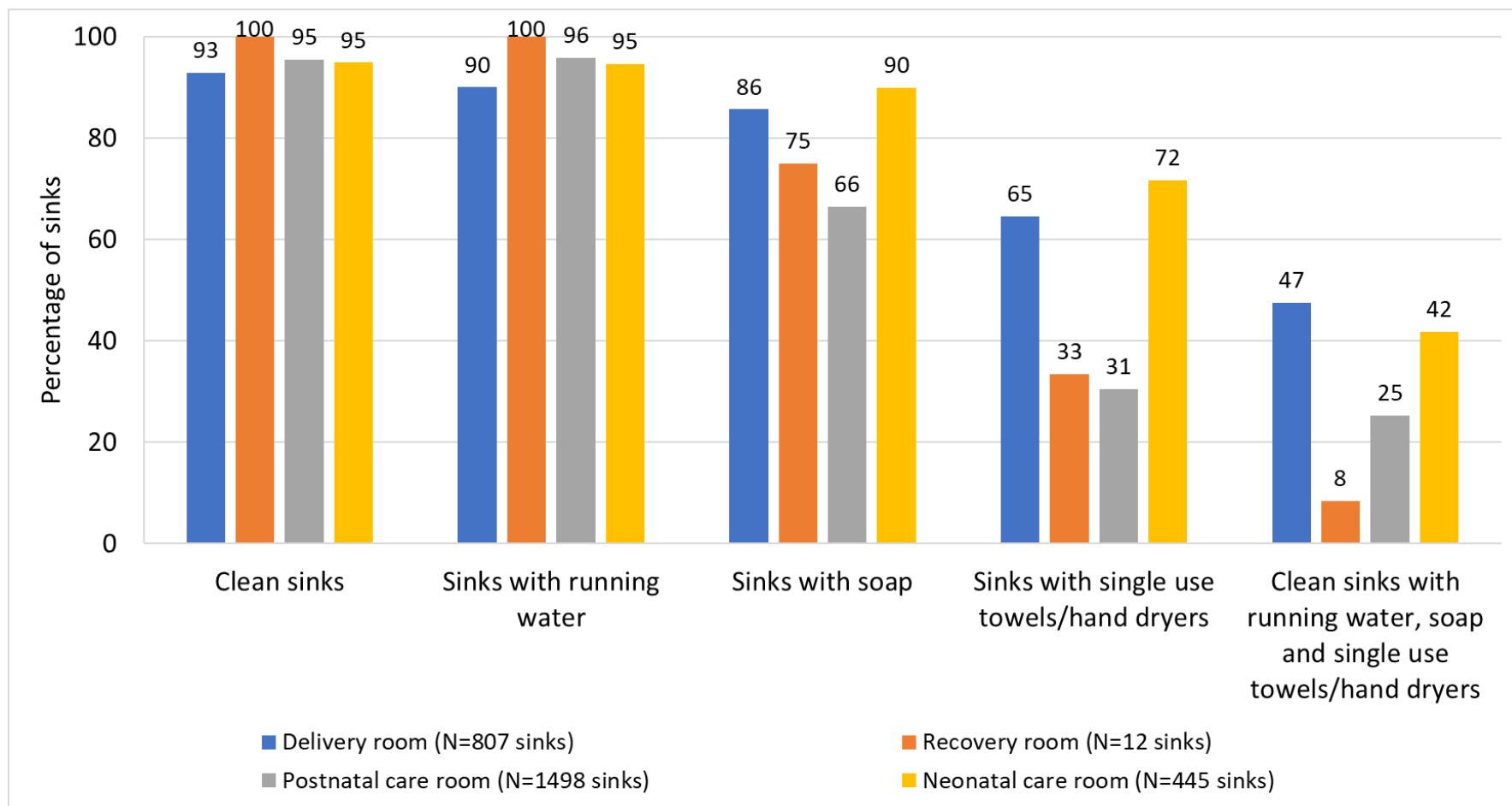
Term vs PTLBW babies



Data from 9 countries, 2018-19. SSC=skin-to-skin contact, PTLBW = preterm and low birthweight

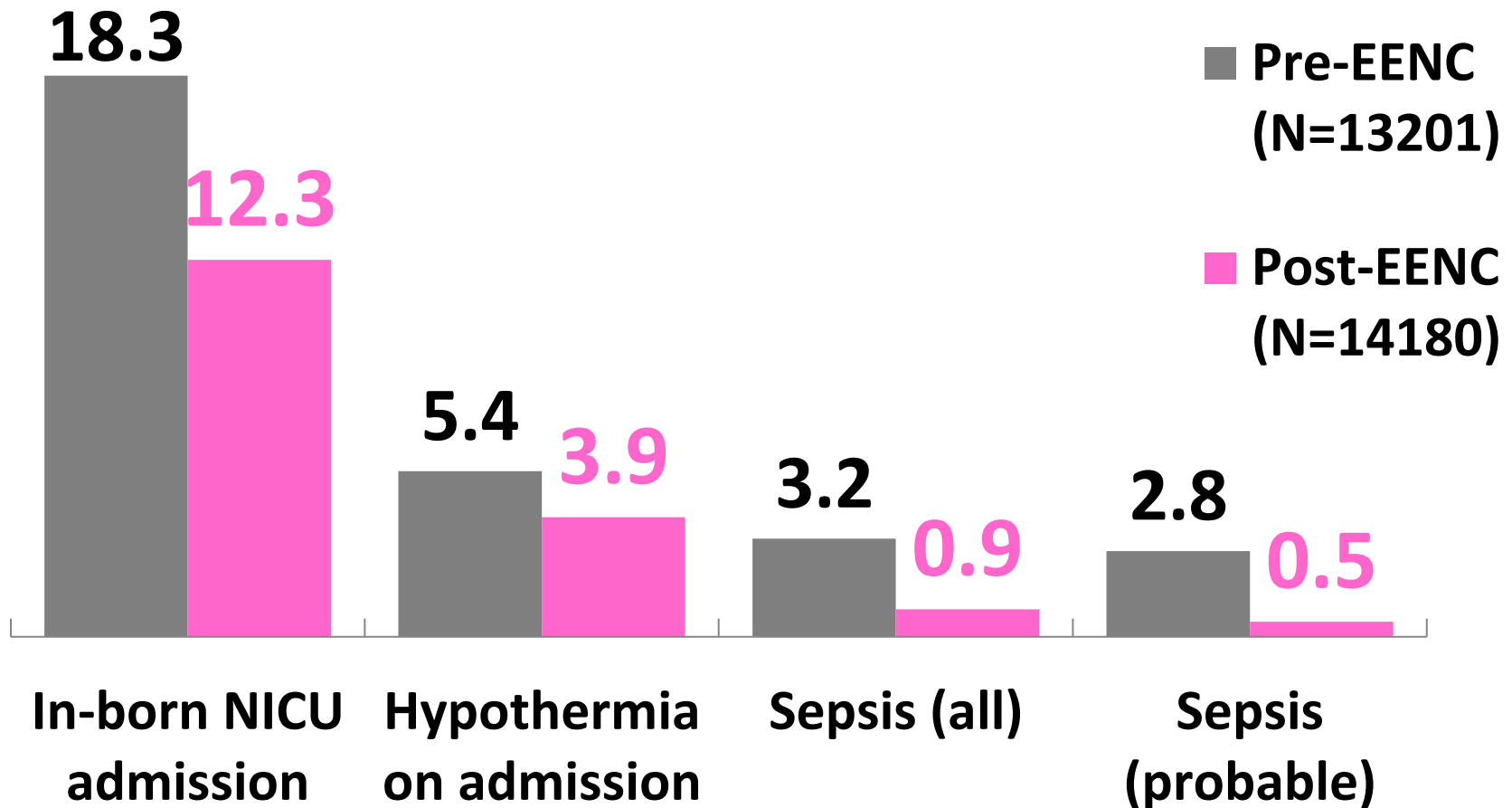
Environmental hygiene: handwashing amenities in maternity and neonatal care rooms, 9 countries, 2019

Lack of handwashing amenities, particularly in recovery and postnatal care rooms



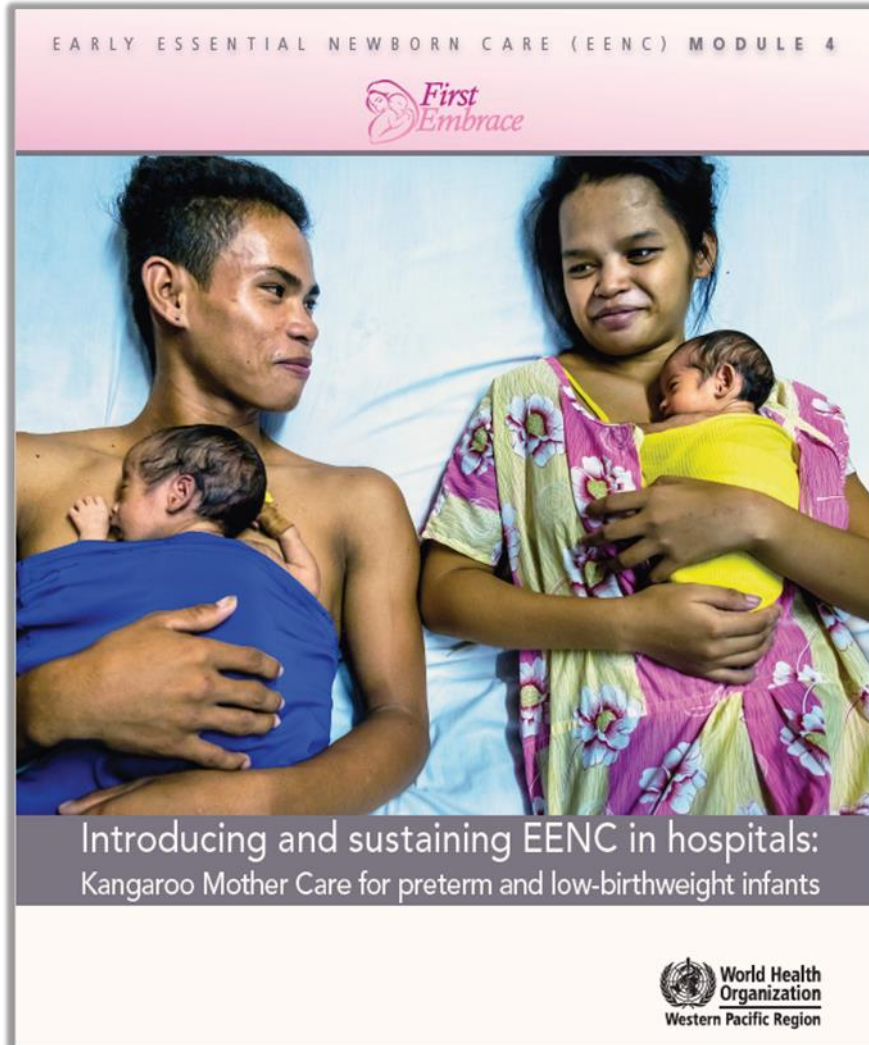
Hospital level impact: Improvements in neonatal health outcomes post-EENC

NICU admission and adverse outcomes (all live births) Da Nang Hospital for Women and Children, 2013-2015



Source: Tran HT, Mannava P, Murray JCS et al, 2019

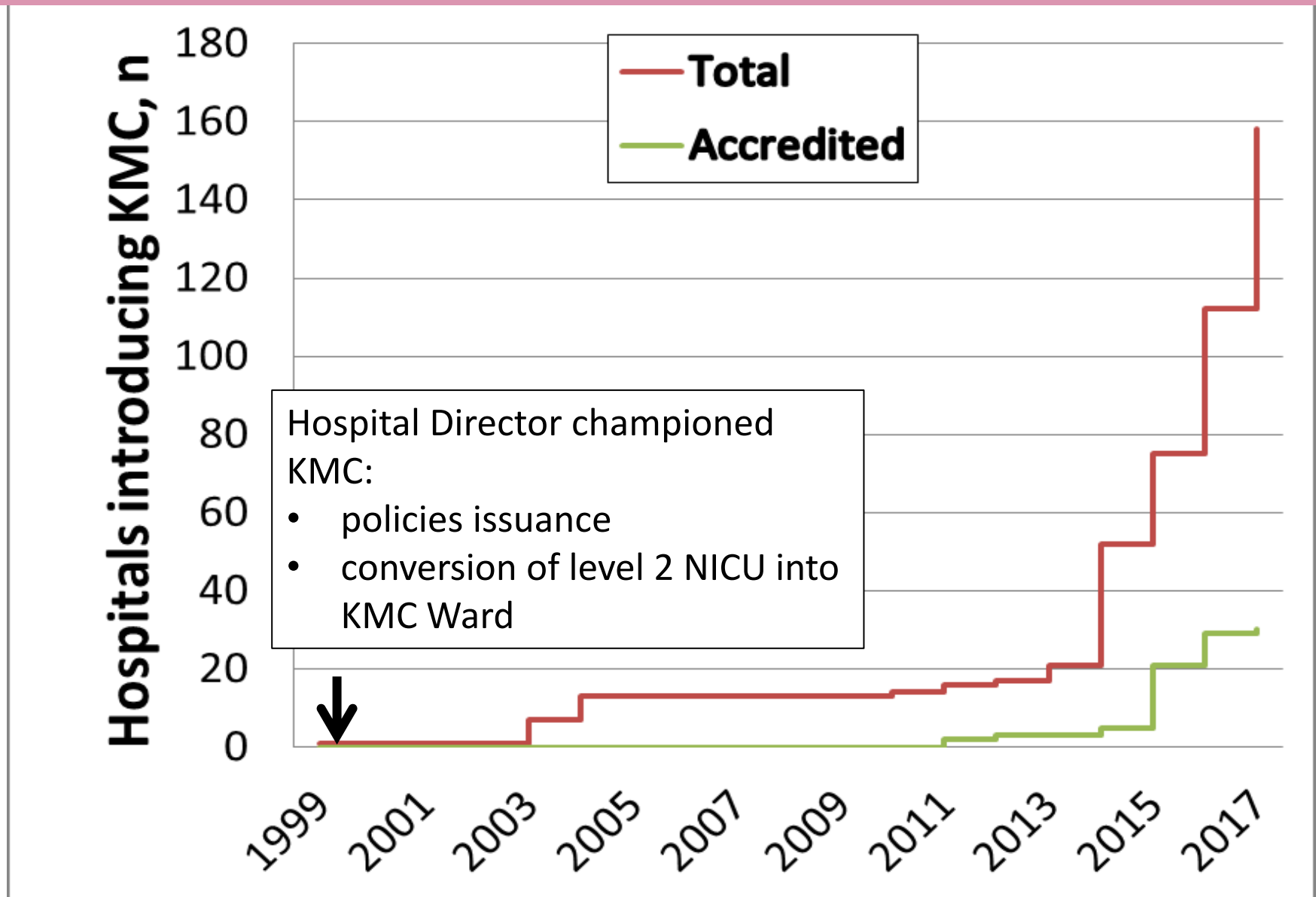
Introducing and scaling-up EENC for high risk babies



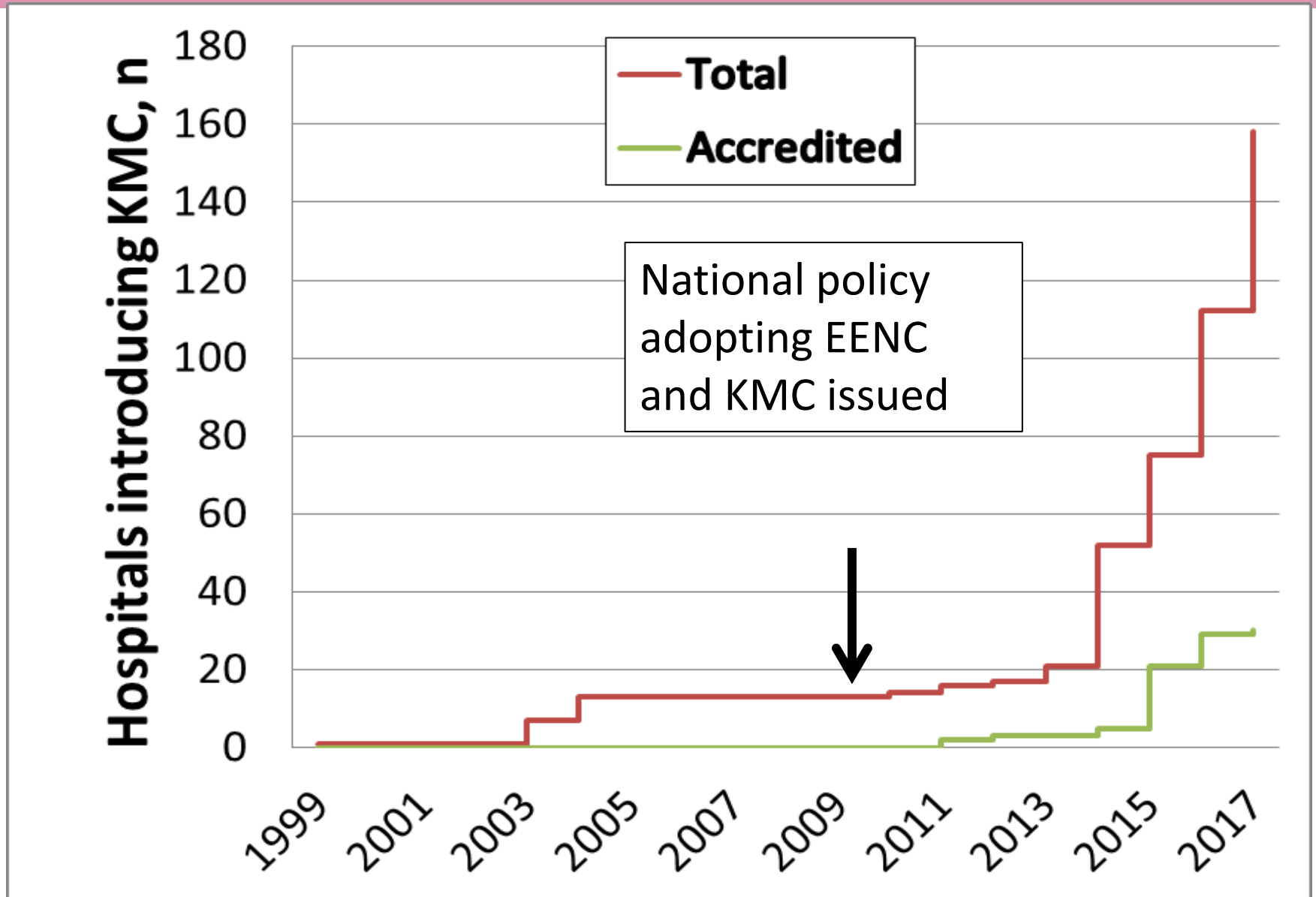
4. Module 4: Kangaroo Mother Care for Preterm and Low Birthweight Infants

Once quality improvement for EENC is well-established, Module 4 is introduced to assess hospital readiness for KMC and identify support needed

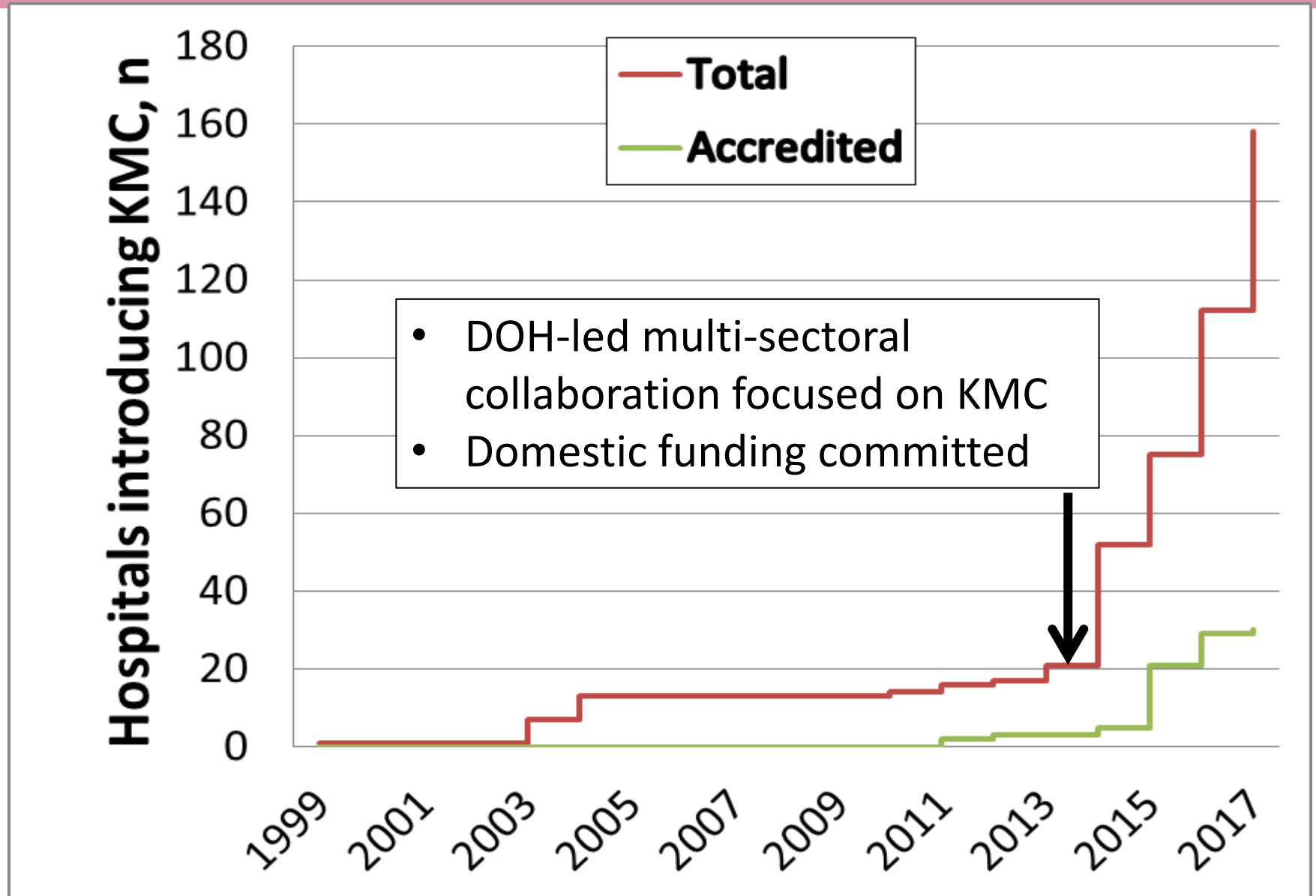
What promoted KMC uptake in the Philippines?



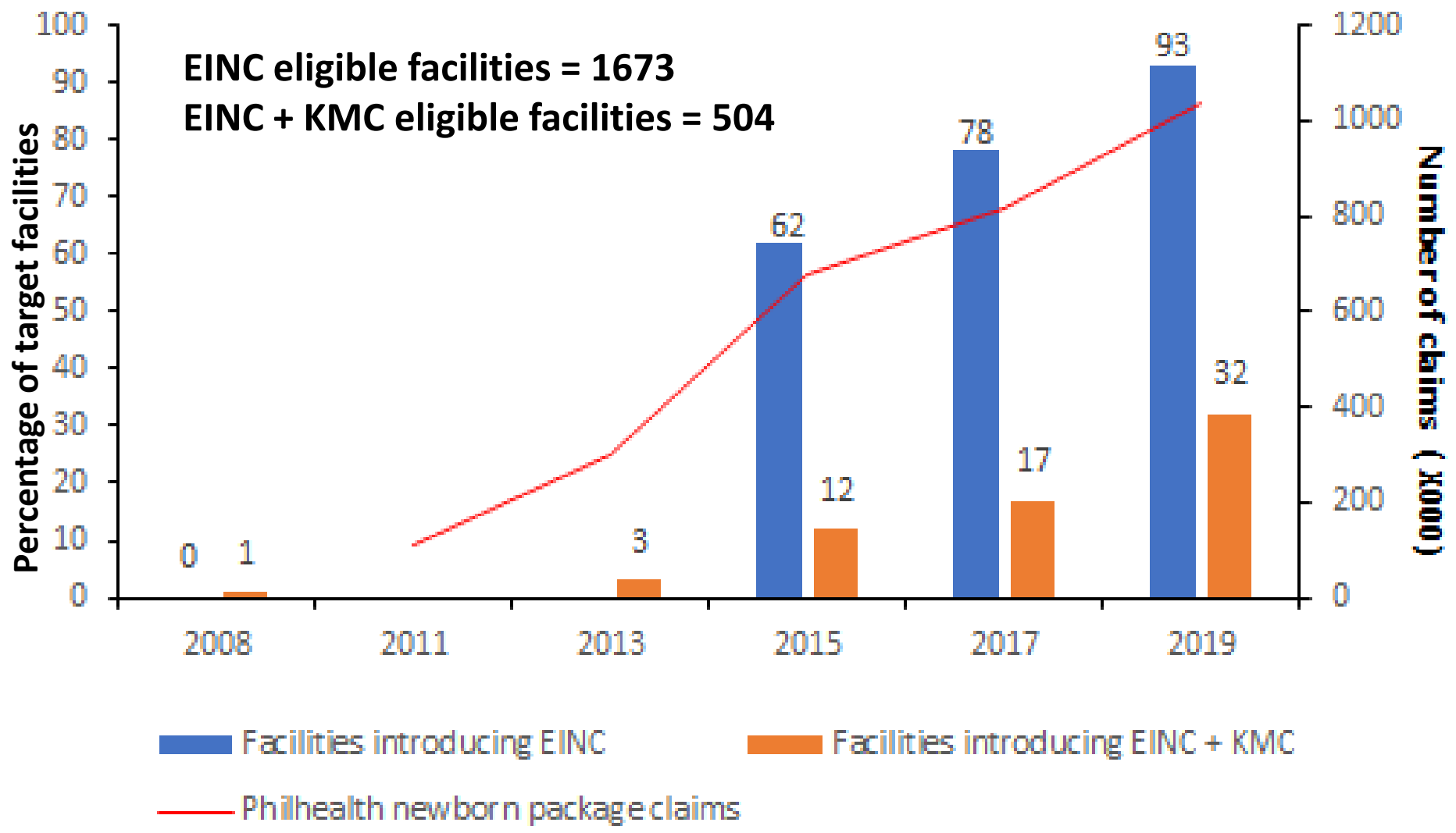
What promoted KMC uptake in the Philippines?



What promoted KMC uptake in the Philippines?



Facilities introducing EINC and EINC plus KMC, Philippines, 2009-2019

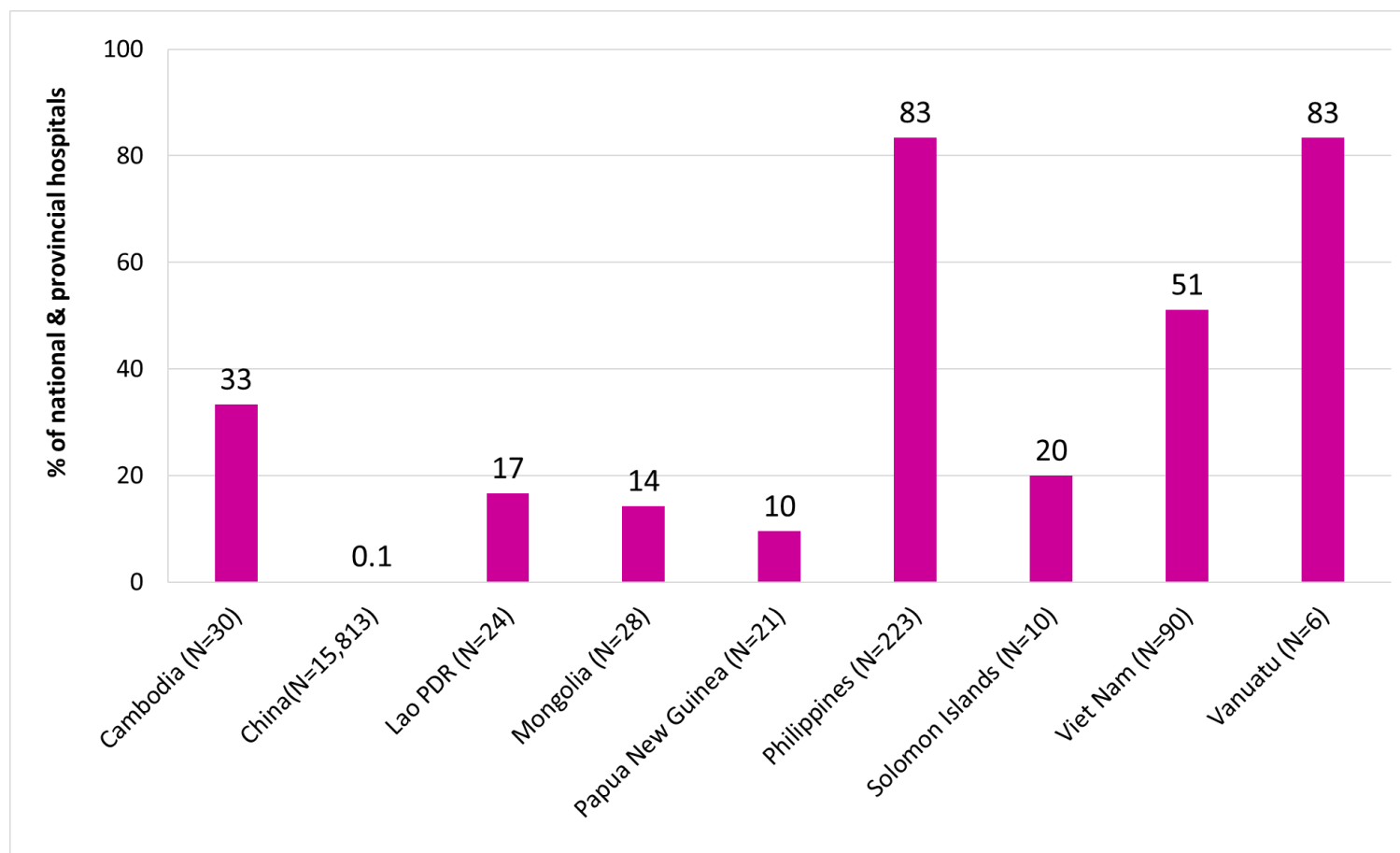


Scale-up of KMC in the nine priority countries



278 national & provincial hospitals have introduced KMC
≈ 64% of hospitals excluding China

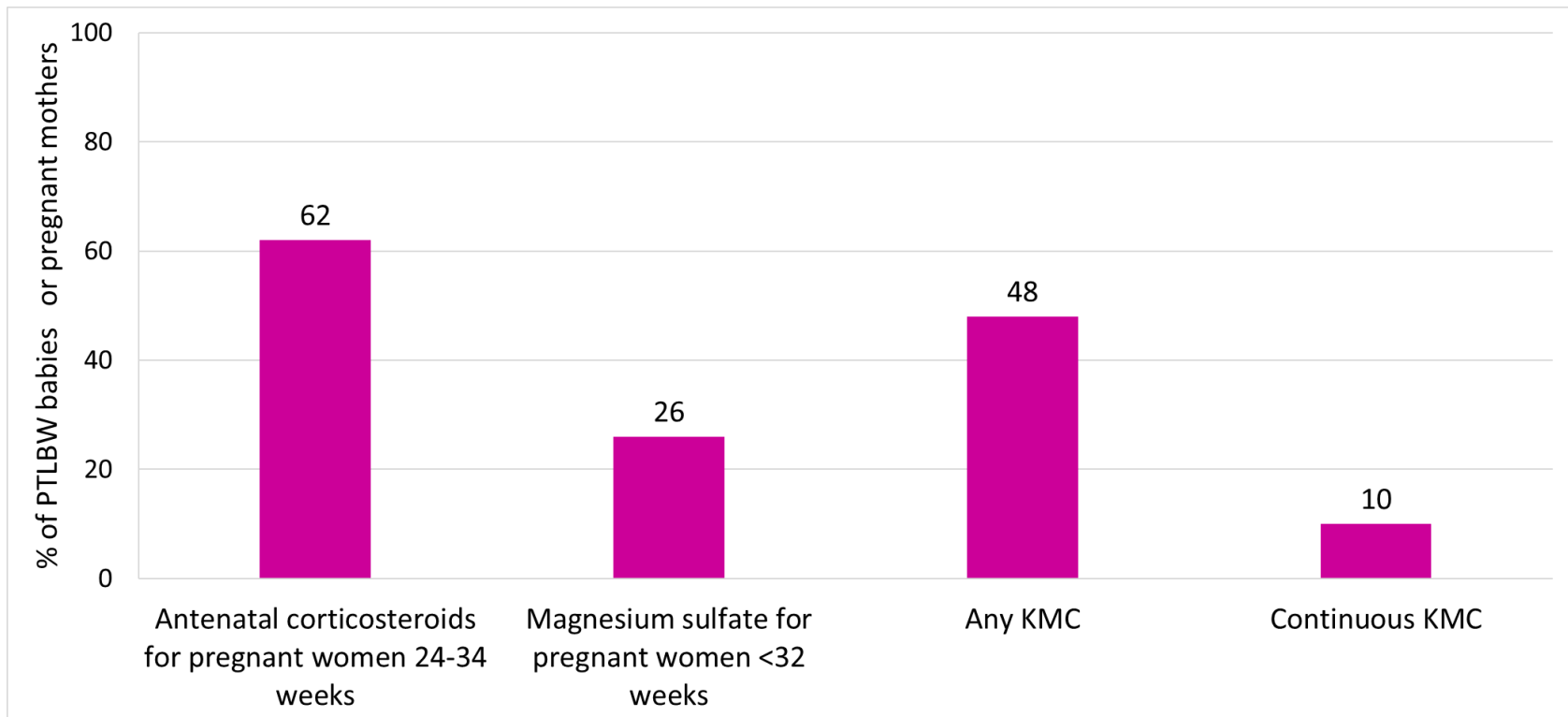
Proportion of national & provincial hospitals that have introduced KMC, 9 priority countries, 2019



Management of preterm and low birthweight babies, 9 countries, 2019

Significant increases in babies $\leq 2000\text{g}$ benefiting from KMC as this was rarely done in 2015

However continuous KMC (≥ 20 hours/day) and management of preterm labor needs to be improved

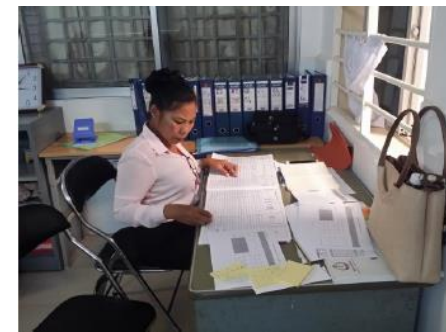


Improving quality of routine maternal and newborn health data through hospital information system reviews

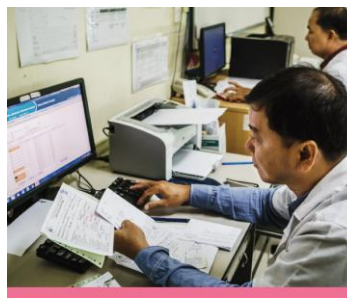
- Hospital information system reviews done in Cambodia, Mongolia, Philippines and Viet Nam using qualitative and DQA methods
- Follow up on findings to implement actions to improve data quality and link EENC data with country HMIS

Example of Cambodia

Hospital information system assessment



Dissemination of findings and annual workshops to discuss actions to address data quality gaps



ASSESSING MATERNAL AND NEWBORN HEALTH
HOSPITAL DATA IN **CAMBODIA**

An Independent Review Group (IRG) to validate country progress and advise on tools/guides

- IRG formed in 2015 to:
 - (1) Review and validate country progress in implementation of the Regional Action Plan, and
 - (2) Advise on support to Member States, namely development of programmatic tools.
- Comprised of 6 experts in the fields of neonatology, obstetrics and gynaecology, midwifery, research and programme implementation



Convening Member States regularly to cross-learn and commit to accelerating progress (2015 & 2017)



2015,
Tokyo



2017,
Da Nang

Convening Member States regularly to cross-learn and commit to accelerating progress (2020)

Third Biennial Meeting on Accelerating Progress in Early Essential Newborn Care: Synergies with Hospital Quality and Patient Safety

(Virtual meeting)

1, 3, 4 and 9 December 2020



At the 2020 meeting, Member States requested for an extension of the Action Plan until 2030 and agreed to issue a high-level statement on accelerating progress in EENC

Operational research: Sharing findings from EENC implementation

► [Int J Qual Health Care](#). 2018 Aug 1;30(7):537-544. doi: 10.1093/intqhc/mzy049

Improving immediate newborn care practices in Philippine hospitals: impact of a national care initiative 2008–2015

Maria Asuncion A Silvestre ¹, Priya Mannava ², Marie Ann Corsino ¹ ³, Donna Anthony P Calibo ⁴, Cynthia Fernandez Tan ⁵, John C S Murray ², Jacqueline K Howard L Sobel ²

Affiliations + expand

PMID: 29617838 DOI: [10.1093/intqhc/mzy049](#)

Abstract

Objective: To determine whether intrapartum and newborn care practices improved in hospitals between 2008 and 2015.

Design: Secondary data analysis of observational assessments conducted in 11 hospitals in 2015.

Setting: Eleven large government hospitals from five regions in the Philippines.

Participants: One hundred and seven randomly sampled postpartum mothers and 106 randomly sampled postpartum mothers prior to discharge from hospitals.

Interventions: A national initiative to improve quality of newborn care starting with development of a standard package of intrapartum and newborn care services training, formation of multidisciplinary hospital working groups, and regular as meetings in hospitals to identify actions to improve practices, policies and environment. Improvement was supported by policy development, health financing package

PHL: Sustained national improvements in care through implementation of EENC

► [EClinicalMedicine](#). 2019 Jan 14;6:51-58. doi: 10.1016/j.eclinm.2018.12.002. eCollection 2019

Early Essential Newborn Care Is Associated With Reduced Adverse Neonatal Outcomes in a Tertiary Hospital in Da Nang, Viet Nam: A Pre- Post- Intervention Study

Hoang Thi Tran ¹, Priya Mannava ², John C S Murray ², Phuong Thi Thu Nguyen ¹, Le Thi Mong Tuyen ¹, Tuan Hoang Anh ³, Thi Quynh Nga Pham ⁴, Vinh Nguyen Duc ³, Howard L Sobel ²

Affiliations + expand

PMID: 31193626 PMID: PMC6537584 DOI: [10.1016/j.eclinm.2018.12.002](#)

[Free PMC article](#)

Abstract

Background: To accelerate reductions in neonatal mortality, Viet Nam rolled out early essential newborn care (EENC) using clinical coaching, quality improvement assessments in hospitals and updated protocols. Da Nang Hospital for Women and Children, a tertiary referral hospital in Viet Nam, compared outcomes pre- and post-EENC introduction.

Methods: Records of live births and NICU admissions were reviewed pre- (November 2014) and post- (November 2014–October 2015) EENC implementation. Delivery room practices, admissions and adverse outcomes on NICU admission were compared using descriptive statistics.

Findings: A total of 13,201 live births were delivered pre- and 14,180 live births post-EENC introduction. Post-EENC, delivery practice scores, rates of early and prolonged skin-to-skin and early breastfeeding rose significantly. There was a significant reduction in risk of NICU admission (relative risk [RR] 0.68; 95% confidence interval [CI] 0.64–0.71; $p < 0.0001$), hypothermia or admission (RR 0.72; 95% CI 0.65–0.81, $p < 0.0001$) and sepsis (RR 0.28; 95% CI 0.23–0.35, $p < 0.0001$). Exclusive breastfeeding rates in NICU increased from 49% to 88% ($p < 0.0001$) and of kangaroo mother care (KMC) from 52% to 67% ($p < 0.0001$). Reduced formula use resulted in decreased

VNM: Improved newborn health outcomes post-EENC in a large regional hospital

DOI: [10.1186/s12884-020-2739-z](#)

Healthcare worker knowledge and skills following coaching in WHO early essential newborn care program in the Solomon Islands: a prospective multi-site cohort study

Shidan Tosif ¹, Anna Jatobatu ², Anita Maepioh ³, Amy Gray ⁴, Howard Sobel ⁵, Priya Mannava ⁶, Trevor Duke ⁴

Affiliations + expand

PMID: 32033598 PMID: PMC7007662 DOI: [10.1186/s12884-020-2739-z](#)

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Abstract

Background: Newborn mortality in Oceania declined slower than other regions in the past 25 years. The World Health Organization (WHO) introduced the Early Essential Newborn Care program (EENC) in 2015 in Solomon Islands, a Small Island Developing State, to address high newborn mortality. We explored knowledge and skills retention among healthcare workers following EENC coaching.

Methods: Between March 2015 and December 2017, healthcare workers in five hospitals were assessed: pre- and post-clinical coaching and at a later evaluation. Standardised written and clinical skills assessments for breathing and non-breathing baby scenarios were used. Additionally, written surveys were completed during evaluation for feedback on the EENC experience.

Results: Fifty-three healthcare workers were included in the evaluation. Median time between initial coaching and evaluation was 21 months (IQR 18–26). Median written score increased from 44% at baseline to 89% post-coaching ($p < 0.001$), and was 61% at evaluation ($p < 0.001$). Skills assessment score was 20% at baseline and 95% post-coaching in the Breathing Baby scenario ($p < 0.001$). In the Non-Breathing Baby scenario, score was 63% at baseline and 86% post-coaching ($p < 0.001$). At evaluation, median score in the Breathing Baby scenario was 82% a reduction of 13% from post-coaching ($p < 0.001$) and 72% for the Non-Breathing Baby, a reduction of 14% post-coaching ($p < 0.001$). Nurse aides had least reduction in evaluation scores of ~ 2% for the Breathing Baby and midwives ~ 10% for the Non-Breathing Baby respectively from post-coaching to evaluation.

Conclusions: EENC coaching resulted in immediate improvements in knowledge and skills but declined over time. Healthcare workers who used the skills in regular practice had higher scores. Continued coaching and improvement strategies are needed to sustain practitioner skills following

SLB: Immediate improvements in health worker skills after EENC coaching

Operational research: Sharing findings from EENC implementation

► [J Glob Health](#). 2019 Dec;9(2):020430. doi: 10.7189/jogh.09.020430.

Status of water, sanitation and hygiene services for childbirth and newborn care in eight countries in East Asia and the Pacific

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PMID: 31893033 PMCID: PMC6925970 DOI: 10.7189/jogh.09.020430

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Abstract

Background: Water, sanitation and hygiene (WASH) services are critical to providing quality maternal and neonatal care in health facilities. This study aimed to investigate availability of WASH policies, standards, and services for childbirth and newborn care in hospitals in East Asia and the Pacific.

Methods: Descriptive analysis of survey data and observations of water, sanitation and hygiene services in maternity and neonatal care rooms and of deliveries in 147 hospitals in Cambodia, Lao People's Democratic Republic, Mongolia, Papua New Guinea, Philippines, Solomon Islands, and Viet Nam. The main outcome measures were availability of national policies and standards; availability of water, sanitation, and hygiene services in maternity rooms and neonatal care units; and practice of hygiene at childbirth.

Results: Four of eight countries had national WASH policies and four had standards for health facilities. Seventy-seven percent of hospitals had a sink with water and soap or alcohol hand rub in delivery rooms, 78% in neonatal care rooms and 43% in postnatal care rooms. Only 45% of hospitals had clean sinks with water, soap and hand drying methods in the delivery room, 37% in neonatal care units and 10% in postnatal care rooms. Flush toilets were available in or next to delivery rooms and neonatal care units in 53% of 15 hospitals with data. Countries with WASH standards had a higher proportion of hospitals with water and hand hygiene services. Appropriate hygiene was practiced by health workers in 66% of 388 deliveries observed, and more likely in delivery rooms with a sink, water and soap.

Conclusions: Coverage of WASH services for maternal and newborn care must be improved to reduce risks of maternal and newborn morbidity and mortality.

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Regional: Inadequate WASH facilities in hospital maternity and newborn care rooms (linking to IPC)

► [BMJ Glob Health](#). 2020 Aug;5(8):e002581. doi: 10.1136/bmjgh-2020-002581.

Association between early essential newborn care and breastfeeding outcomes in eight countries in Asia and the Pacific: a cross-sectional observational –study

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PMID: 32764149 PMCID: PMC7412588 DOI: 10.1136/bmjgh-2020-002581

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Abstract

Objective: To explore the association between early essential newborn care (EENC) policy, practice and environmental interventions and breastfeeding outcomes.

Design: Cross-sectional observational study.

Setting: 150 national, provincial and district hospitals implementing EENC in eight countries in East Asia and the Pacific.

Participants: 1383 maternal interviews, chart reviews and environmental assessments during 2016 and 2017.

Main outcome measures: Exclusive breastfeeding (EBF), that is, feeding only breastmilk without other food or fluids since birth and before discharge, and, early breastfeeding initiation, that is, during skin-to-skin contact (SSC) with the mother without separation.

Results: Fifty-nine per cent of newborns initiated breastfeeding early and 83.5% were EBF. Duration of SSC showed a strong dose-response relationship with early breastfeeding initiation. SSC of at least 90

Regional: Skin-to-skin contact should last at least 90 minutes to increase likelihood of early and exclusive breastfeeding

Awareness raising: 'The First Embrace' Communication Campaign including recently released KMC videos

Regional Materials

First Embrace: The universal first act of love

Regional



First Embrace on caesarean section: leave no newborn behind

Regional



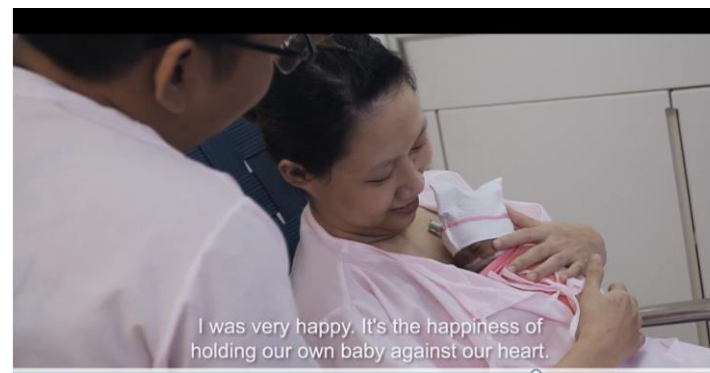
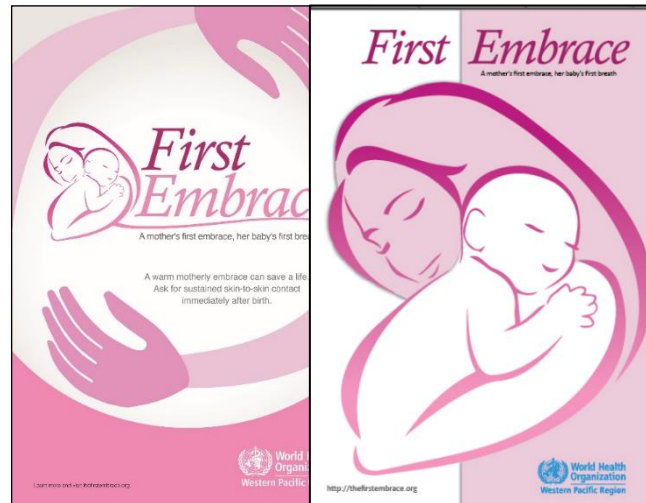
First Embrace – Early Essential Newborn Care

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Early Essential Newborn Care: progress in the Western Pacific Region

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What do we need to do to catalyze further change?

