Transforming care for small and sick newborns

Nurturing care for every newborn: ensuring every newborn survives and thrives
Nurturing care for every newborn:
en ensuring every newborn survives and thrives

Welcome

PART 1: What is nurturing care for every newborn?

PART 2: Creating nurturing environments for newborns: country experiences

PART 3: Questions & answers

PART 4: Reflections from partners

Closing remarks
1. What is nurturing care for every newborn?

Introduction to the Thematic Brief
Ornella Lincetto and Bernadette Daelmans
World Health Organization

Infant and family centered developmental care explained
Louise Tina Day
London School of Hygiene & Tropical Medicine

A parent perspective
Silke Mader
European Foundation for the Care of Newborn Infants
Introduction to the Thematic Brief: Nurturing care for every newborn

Ornella Lincetto
Senior Medical Officer Newborn Health Maternal, Newborn, Child, Adolescent Health and Ageing Department
World Health Organization, Geneva

Bernadette Daelmans
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World Health Organization, Geneva
Thematic Brief: *Nurturing care for every newborn*

Access the brief on: [https://nurturing-care.org/nurturing-care-for-every-newborn](https://nurturing-care.org/nurturing-care-for-every-newborn)
Why this brief?

The Thematic Brief summarizes why nurturing care is essential for every newborn

- Cared for in a nurturing environment, babies not only survive, they are also helped to thrive.
- Yet too many infants are deprived of their right to receive nurturing care, including when they require inpatient hospital care.

### Facts and figures

- Globally, more than **80%** of births take place in a health facility with a skilled attendant (4).
- One of every ten infants is born preterm (5).
- Direct causes of death are prematurity, birth complications, neonatal sepsis and congenital anomalies.
- An estimated **2.4 million** newborns die every year, mostly from preventable causes (2).
- One of every seven infants is born with a low birth weight (6).
- Low birth weight contributes to 60 – 80% of all newborn deaths (7).
Five components of nurturing care for newborns

- **Good Health**: involves preventing and managing illness, including provision of evidence-based high-quality care for sick or small newborns.

- **Adequate Nutrition**: means optimizing exclusive breastfeeding or breast-milk feeding, including for very small and sick babies.

- **Safety and Security**: means warmth, practicing good hygiene, minimizing stress, and enabling the primary caregiver, most commonly the mother, to be with the infant in a quiet environment.

- **Opportunities for Early Learning**: involves stimulating the baby’s brain gently, through touch, voice or simply close contact.

- **Responsive Caregiving**: means being aware of the newborn’s signals, which can indicate readiness for a feed, pain or stress, and responding to them appropriately.
The first month – once-in-a-lifetime opportunity

Remember

The first month of life is a critical time for children’s healthy growth and development.

Strengthen

Improving the quality of care that mothers and newborns receive in maternity and neonatal care facilities in line with well-defined standards is essential.

Add

Providing nurturing care through IFCDC for small or sick newborns who need special or intensive care is feasible, including in low- and middle-income countries.
Infant and family centered developmental care explained

Louise Tina Day
EN-BIRTH Research Manager
London School of Hygiene & Tropical Medicine
Infant and family centered developmental care (IFCDC)

Maternal and newborn care services organized around core principles of:

• dignity and respect
• information sharing
• participation
• collaboration
Infant and family centered developmental care (IFCDC)

Figure 2. Standards for infant- and family-centred developmental care

**Education and training for IFCDC**
IFCDC competence is ensured by providing formal education and recurrent training for hospital and unit leadership, health care professionals and other staff working or visiting the neonatal unit.

**Supportive sensory environment**
The hospital sensory environment is adjusted to the infant’s sensory expectancies and perceptual competencies.

**Family support services**
The family receives care in an environment where its socioeconomic, mental health and spiritual needs are supported.

**Management of the acoustic environment**
A managed acoustic environment reduces stress and discomfort for infants.

**Family access**
Parents (and substitutes designated by the parents) have continuous access and are able to remain with the infant throughout the 24 hours.

**Support for parental-infant bonding**
The fostering of early bonding between parents and their newborn infant is pursued through strategies which promote early contact for the parental-infant dyad.

**Clinical consultation and supervision for health care professionals on supporting families**
Health care professionals receive counselling and regular clinical supervision in communicating with and providing emotional support for parents.

**Very early and continuous skin-to-skin contact**
Skin-to-skin contact between mother or father and newborn infant is initiated as early as possible and maintained continuously.

**Parental involvement**
Parents are members of the caregiving team and, with individualized support, assume the primary role in the provision of care of their infant, and are active partners in decision-making processes.

**Case management and transition to home**
An individual case management plan for each newborn infant is established, in collaboration with parents, to plan and coordinate needed investigations and procedures, ensure the acquisition of needed parental competencies prior to discharge and to plan follow-up and continuing care.

Adapted from: European Foundation for the Care of Newborn Infants (10).
Infant and family centered developmental care (IFCDC)

Creating a nurturing environment for all newborns
• Provide early essential newborn care
• Engage parents as partners
• Implement ten-steps to successful breastfeeding
• Promote responsive caregiving and early learning activities
• Support caregiver mental health
• Provide postnatal care after discharge from the facility

Nurturing care for small and sick newborns
• Promote zero separation
• Implement developmentally supportive inpatient care
• Support Kangaroo Mother Care
• Transform neonatal intensive care units
• Facilitate a smooth transition to care at home

Strengthening the health system
• Build an enabling environment for developmentally supportive inpatient care
• Invest in the workforce
• Ensure appropriate follow-up care
• Update the basic benefit package for universal health coverage

Components of IFCDC

Figure 1. Components of infant- and family-centred developmental care (9)
A parent perspective

Silke Mader
Chairwoman of the Executive Board
European Foundation for the Care of Newborn Infants
A parent perspective

Support breastfeeding and ensure an optimal nutrition plan

Establish a zero separation policy already at birth—parents are no visitors

Fathers are equal parents

Provide skin-to-skin care and support bonding processes

Respect the baby's and families needs

Provide proper discharge management to ensure self-confident parents

Ensure adequate long-term follow-up care
Global parent survey in 23 languages
Impact of COVID-19 on special/intensive care for newborns

2103 participants from 56 countries

48% were permitted to be accompanied from another person during birth (e.g. partner)

74% of mothers and 56% of fathers were allowed to be present with their child

21% no one was allowed to be present with their child until discharge

52% of mothers were highly encouraged to breastfeed, 25% somewhat encouraged and 18% not at all

49% of babies received exclusive breastmilk, 40% partly and 11% not at all

Nurturing care matters!
2. Creating nurturing environments for newborns

Country experiences

Facilitated by Bernadette Daelmans
Unit Head, Child Health and Development
World Health Organization
Creating nurturing environments for newborns

Country experiences

Lama Charafeddine
Associate Professor of Clinical Pediatrics and Neonatology, American University of Beirut, Division of Neonatology, Lebanon

Arti Maria
Consultant & Head, Department of Neonatology, ABVIMS & Assoc. Dr. RML Hospital, New Delhi, India

Ylva Thernström Blomqvist
Associate Professor, PhD, RN and Head Nurse at the Neonatal Intensive Care Unit, Uppsala University Children’s Hospital and Department of Women’s and Children’s Health, Uppsala University, Uppsala, Sweden

Socorro De Leon-Mendoza
President, Kangaroo Mother Care Foundation Philippines Inc., The Philippines

Nathalie Charpak
Director, Fundación Canguro de Colombia, Colombia
Care for child development for preterm and sick newborns
Lebanon

Lama Charafeddine
Associate Professor of Clinical Pediatrics and Neonatology
American University of Beirut, Division of Neonatology
Lebanon
Newborn Individualized Developmental Care Program (NIDCAP) Framework

Initiated in 2013 – NIDCAP certification 2018

- Shift from task oriented to infant & family oriented; QI projects
- Promoting breastfeeding (BFHI)
- Parent involvement in care
- Safe environment, staff education
- Early learning: talking, reading, follow up clinic

Components of Developmental Care

- Non nutritive sucking
- Kangaroo Care
- Clustering of care
- Positioning
- Parents’ Collaboration
- Other activities
- Sound
- Light

Sound Positioning Kangaroo Care Clustering of care
**Infants**
- Less events: better positioning
- Less stress: Care based on behaviours and cues
- Quiet time, swaddled bath
- Parent involvement

**Parents**
- Present on rounds
- Partners in developmental care rounds
- Kangaroo care awareness day
- World Breastfeeding Week
- Read-A-Thon week

**Staff**
- Capacity building
- Education
- Arabic resources
- Online course
- Policies
- Leadership
- COVID 19

**Follow up**
- Parent education
- Early intervention
- Arabic Leaflets

*Parents’ permission to use pictures obtained*
Influencing national policy and standards
India

Arti Maria
Consultant & Head
Department of Neonatology, ABVIMS & Assoc. Dr. RML Hospital New Delhi, India
Family Centered Care (FCC)?

WHAT?

An approach, an attitude, a mindset, a concept that aims to develop and nurture family's role in partnership with the health care team in the care of a patient.
Family Participatory Care (FPC)

Participation

Respect

Collaboration
Conventional Model for care of a sick newborn

Provider: Nurse/Doctor
Sick baby Cared in Nursery

Client: Family
Care: not Client centric

Provider centric
Role: Power/Control/authority
Challenge: HR
Outcome: Compromised QOC

Family Centric Care: A Paradigm Shift

Power
Sick baby in Nursery

Responsibility sharing

Client: Family

Provider: nurse/doctor
Therapeutic alliance

Role: Work sharing
Outcome: Quality improvement
- Anxiety
- ↑ Stress

NET outcome:
- improved health outcomes
- likely to be cornerstone of continuum of care

Role: Participative/ownership
Outcome: Care giving competencies,
- trustful relationships
Family Centered Newborn Care
Influencing national policy & standards in India

- **At facility level**: LMIC setting: Incidental Discovery 2007: anecdotal observation, evidence generation dissemination

- **Tool development by key national experts**: Audio-visual training guide, Resource manuals, operational guidelines and development of implementation & monitoring framework, recording formats

- **NGO initiative State level for pilot implementation 2014**: Overwhelming response from stakeholders

- Practice chosen as one of the **key innovative best practices in newborn care at national level**. Opportunity to share and disseminate at such and various other technical and professional fora.

- Findings from pilot Implementation and operational research led to **iterative improvements in the tools and guidelines**

- **Key findings**: FCC improved QoC, a winning strategy for KMC implementation

- **Key learnings**: Identification of a ‘local champion’, Establishment of Model resource Centres, convincing key stakeholders, adaptation of tools & local translation.

- **FPC launched as a national health programme in July 2017**: Nation wide advocacy & scale up at district level. Also growing international interest in the intervention.

- By now **FPC is integral to existing health programmes** and not as a vertical programme

- **Political will and national & State governments** involved at all stages
Making NICU’s infant and family-friendly

Sweden

Ylva Thernström Blomqvist
Associate Professor, PhD, RN and Head Nurse at the Neonatal Intensive Care Unit
Uppsala University Children’s Hospital and Department of Women’s and Children’s Health, Uppsala University
Uppsala, Sweden
Making NICU’s infant and family-friendly
Sweden

Take home message:

- What you do often you become good at
- Early start (“Early means early”)
  - Parental (family) presence & involvement
  - Skin-to-skin contact
- Enabling environment

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Integrating developmentally supportive newborn care in the national health benefit package

The Philippines

Socorro De Leon-Mendoza
President
Kangaroo Mother Care Foundation Philippines Inc.
The Philippines
Integrating developmentally supportive newborn care in the national health benefit package
The Philippines

Building and sustaining capacity of health care facilities to provide nurturing neonatal care services
- Republic Acts or Laws enacted by Congress
- Administrative Orders/Policies from the Department of Health
- Developmentally-supportive newborn care packages from the Philippine Health Insurance Corporation (PhilHealth) which can be availed of by accredited health care facilities or institutions

© UNICEF/UNI266025/Dombrowski
### PhilHealth accredited institutions (31 Jul 2021)

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<thead>
<tr>
<th>Type of institution</th>
<th>Govt.</th>
<th>Private</th>
<th>Total no. of accredited Institutions = 1,871</th>
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<tbody>
<tr>
<td>Level 3 hospitals</td>
<td>56</td>
<td>64</td>
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<tr>
<td>Level 2 hospitals</td>
<td>43</td>
<td>301</td>
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<td>Level 1 hospitals</td>
<td>336</td>
<td>475</td>
<td>811</td>
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<tr>
<td>Primary care facilities (Infirmary/Dispensary)</td>
<td>326</td>
<td>270</td>
<td>596</td>
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<tr>
<td>Maternity care package providers</td>
<td>1,095</td>
<td>1,587</td>
<td>2,682</td>
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https://www.philhealth.gov.ph/partners/providers/institutional/status.html
# PhilHealth newborn care & related packages

<table>
<thead>
<tr>
<th>Year</th>
<th>Circular #</th>
<th>Title</th>
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<tbody>
<tr>
<td>2005</td>
<td>0026</td>
<td>All accredited facilities required to be MBFHI-Certified</td>
</tr>
<tr>
<td>2006</td>
<td>0034</td>
<td>Newborn Care Benefit Package</td>
</tr>
<tr>
<td>2011</td>
<td>0011</td>
<td>Enhanced</td>
</tr>
<tr>
<td>2018</td>
<td>0021</td>
<td>Expanded</td>
</tr>
<tr>
<td>2009</td>
<td>0039</td>
<td>Expanded NSD and Maternity Care Package</td>
</tr>
<tr>
<td>2014</td>
<td>0022</td>
<td>Maternity and Newborn Care Package</td>
</tr>
<tr>
<td>2017</td>
<td>0009</td>
<td>Z-Benefit Package for Preterm and Small Newborns</td>
</tr>
<tr>
<td>2017</td>
<td>0029</td>
<td>Z-Benefit Package for Children with Developmental Disabilities</td>
</tr>
<tr>
<td>2019</td>
<td>0003</td>
<td>Expansion of Primary Care Benefit – Primary Health care guarantees for all life stages (includes KMC &amp; ECCD)</td>
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</table>
DOH Administrative Order 2017-0012: Primary Health Care Guarantees for all Life Stages, Including Newborn and beyond.

<table>
<thead>
<tr>
<th>Population Level</th>
<th>Primary Care Services for Well Individuals</th>
<th>Primary Care Services for Sick Individuals</th>
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<tbody>
<tr>
<td><strong>Neonate</strong></td>
<td>Clinical</td>
<td>REGULAR CONSULTATION FOR ANY CONDITION</td>
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<tr>
<td></td>
<td>• Early Essential Newborn Care</td>
<td>• History and Physical examination</td>
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<tr>
<td></td>
<td>• Physical examination (vital signs, anthropometrics)</td>
<td>• Drugs and Commodities</td>
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<tr>
<td></td>
<td>• Visual and hearing screening</td>
<td>• If (+) for Newborn Screening &amp; Confirmatory Test</td>
</tr>
<tr>
<td>Prevention and control of endemic diseases</td>
<td>• Breastfeeding Initiation</td>
<td>• Assessment then refer to tertiary care facility / pediatrician</td>
</tr>
<tr>
<td>• Integrated Vector Control Management</td>
<td>• Referral and Emergency Transport Services</td>
<td>If (+) for Newborn Hearing Screening &amp; Confirmatory Test</td>
</tr>
<tr>
<td>Public health policy development</td>
<td>• Basic newborn resuscitation with oxygen support</td>
<td>• Assessment then refer to tertiary care facility / pediatrician (before age 7)</td>
</tr>
<tr>
<td>• Newborn Screening</td>
<td>• Kangaroo mother care for low birth weight and preterm babies</td>
<td><strong>DRUGS AND COMMODITIES</strong></td>
</tr>
<tr>
<td>• Birth dose of iCCG and Hepatitis B</td>
<td><strong>Laboratory</strong></td>
<td><strong>AEFI EVENTS</strong></td>
</tr>
<tr>
<td></td>
<td>• Newborn Screening</td>
<td>• Assessment then refer to tertiary care facility / pediatrician (before age 7)</td>
</tr>
<tr>
<td></td>
<td>• Universal Newborn Hearing Screening &amp; confirmatory</td>
<td><strong>ENVIRONMENTAL HAZARD EXPOSURE AND POISONING</strong></td>
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<tr>
<td></td>
<td><strong>Infant</strong></td>
<td><strong>AEFI EVENTS</strong></td>
</tr>
<tr>
<td></td>
<td>(0-12 months)</td>
<td>• Assessment then refer to tertiary care facility / pediatrician (before age 7)</td>
</tr>
<tr>
<td>Surveillance and monitoring of the population's health status</td>
<td>Clinical</td>
<td><strong>ENVIRONMENTAL HAZARD EXPOSURE AND POISONING</strong></td>
</tr>
<tr>
<td>• Surveillance system</td>
<td>• History and Physical examination (vitals, anthropometrics)</td>
<td>• Early recognition and initial management</td>
</tr>
<tr>
<td>• Cancer Registry</td>
<td>• Oral Health Examination and Services (Fluoride Varnish, etc.)</td>
<td></td>
</tr>
<tr>
<td>Prevention and control of endemic diseases</td>
<td>• Early Childhood Care and Development(ECCD) screening including developmental milestones; assessment of developmental delays</td>
<td></td>
</tr>
<tr>
<td>• Integrated Vector Control Management</td>
<td>• Visual and hearing screening</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Referral and Emergency Transport Services</td>
<td></td>
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Sustaining kangaroo mother care during the COVID-19 pandemic

Colombia

Nathalie Charpak
Director
Fundación Canguro de Colombia
Colombia
The COVID-19 pandemic has been disruptive to health services in many places, particularly at its onset. What are the 3 key messages that you can share of how to ensure continuity in quality of care, even when data on risks are limited.

N. Charpak, MD, Pediatrician, Director of the Kangaroo Foundation of Colombia, ncharpak@gmail.com
KMC implementation before the COVID-19 pandemic

**Colombian Health Ministry (HM)**
Technical KMC guidelines for the implementation of KMC programs (intrahospitalary and ambulatory KMC) Nov 2017

**Kangaroo Foundation (KF)**
Research Data monitoring Training

**Annual National KMC workshop**
HM, KF and ASCON

**KMC whatsapp** with all the KMC ambulatory programs and part of the neonatal units actives in KMC: Papers, research, lecture, baby transfer between KMC programs and regions

**Colombian Society of neonatology (ASCON)**
200 Neonatal Units (private or public) with Intra-hospitalary KMC (Kangaroo position and breastfeeding of the premature or LBWI

**ROP whatsapp** with all the retinologists of the country for treatment, lecture, papers, transfer of premature babies for ROP surgery between cities and regions, exchanges of photos and early diagnosis support of ROP

**53 ambulatory KMC programs** with follow up of the premature or LBWI up to 12 or 24 months of corrected age

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**53 ambulatory KMC programs** with follow up of the premature or LBWI up to 12 or 24 months of corrected age
No1 Collaborative public health actions between the Ministry of Health, the neonotologist society and the Kangaroo Foundation

RECOMENDACIONES PARA LOS PROGRAMAS MADRE-CANGURO ANTE LA PANDEMIA COVID-19
Comunicado extraordinario mayo 2020
Nahida Changar, Pediatra; Dra. Silvia Santolar, Fundación Kangaroo
Gisela Cárdenas, Dra. Children’s Hospital of Philadelphia; Jhon Camargo, Fundación Kangaroo
Laura Alonso, Dra. Hospital Universitario de Galicia; Ángela Pérez, Aldo Carmona, Fundación Kangaroo
Luis Leit, Pediatra Neonatólogo, Instituto de Salud Pública de Colombia
Alberto de la Campa, Pediatra; hospital Federico De Bernabé; Programa de Salud de la Infancia de Colombia.

1. Introducción.
El Programa Madre-Cangaroo (PMC) es el complemento más importante en el mundo en la atención neonatal, es la estrategia de una en el manejo ambulatorio de los neonatos nacidos prematuros en el consultorio, y dentro de esta estrategia existe el componente interino de la pandemia de Covid-19 en establecer recomendaciones de manejo ante un escenario de emergencia en el cual las intervenciones en consulta deben ser colocadas con prioridad.

Este programa también propone un ambiente favorable de protección, estimulación y formas de afrontamiento, que permita la prevención y desarrollo del niño, en el contexto de la prevención de la infección y de la seguridad de los neonatos, con un enfoque en el manejo del niño y las familias como una unidad de atención en el tratamiento de la enfermedad, lo que permite la protección de la vida y el bienestar del neonato.

Este esquema ofrece una oportunidad para el desarrollo de la enfermedad y la salud en los PMC y permite disponer experiencias para resolver el mejor acercamiento de maternidad y paternidad, con el contacto bruto, materno y familiar de la forma más eficaz, pero que incluso el cuidado humano del futuro de nuestros niños.

BIBLIOGRAFÍA RESEARCH COVID-19: pediatría 13 de abril

<table>
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<tr>
<th>Diario</th>
<th>Título</th>
<th>Autor/Centro</th>
<th>Principal Programa</th>
<th>Otros autores</th>
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2020 KMC Survey in 93 NCU during the COVID19 pandemic

Changes in the duration of parents’ visit

- 84% same time
- 11% more time
- 5% less time

Separation between Covid and non Covid space in the NCU

- 81% b. NO
- 17% a. SI

Duration of the visit h/day

- f. 19 a 24 horas: 11
- e. 15-18 horas: 6
- d. 7-12 horas: 22
- c. 2 a 6 horas: 43
- b. 1 hora: 9
- a. Sin visita: 1

Hours in KMC training

- Total
- c. 2-6 horas: 23
- b. 1 More: 8
- a. Sin entrenamiento: 1

Member of the staff positive for Covid-19

- Total
- e. >10: 4
- d. 7-9: 12
- c. 4-6: 21
- b. 1-3: 18
- a. 0: 27

Rooms for the Covid positive mother and her baby

- 44% a. SI
- 56% b. No

Newborn with COVID-19 admitted in the NCU

- Total
- e. >10: 36
- d. 7-9: 5
- c. 4-6: 6
- b. 1-3: 34
- a. 0: 36
KMC adaptation in the Neonatal Unit

Before the pandemic

During the pandemic
The NCIU

The Intermediary care unit

The minimal care unit

Epidemiological situation April 10, 2021 in Colombia

0.05% of the total COVID19 cases in Colombia are classified neonatal COVID
KMC Collective activities with the family in the neonatal unit

No 2 Communication: the KMC WhatsApp group “Canguro Colombia”
2020 survey in the 53 KMC follow-up Programs during the COVID-19 pandemic

**EPP health workers**
- 98%: a.Si
- 2%: b.NO

**Working hours in the KMCP**
- 36%: 4 Horas
- 48%: 6 Horas
- 5%: 8 Horas
- 9%: 12 Horas

**Opening days of the KMCP**
- 57%: a.Lunes-Miércoles-Viernes
- 34%: a.De Lunes a Viernes
- 4%: a.De Lunes a Sábados

**Phone call day before the appointment**
- 18%: a.Si
- 82%: b.NO

**Triage station before the appointment**
- 52%: a.Si
- 48%: b.NO

**Number of NB included in the KMCP with COVID19 or with positive mothers for COVID19**
- 30: a.Si
- 16: b.NO

**Health workers of the KMCP + for COVID19**
- 32%: a.0
- 32%: b.1-3
- 5%: c.4-6
- 2%: d.7-9
- 61%: Total
The ambulatory follow-up KMC program
Solution: Strict cleaning protocols
Mothers are creative and innovative
"Protect yourself and you will protect others"
No 3 The challenge was to act based on evidence not on emotion.
3. Questions & answers

Facilitated by Sheila Manji
ECD Specialist
World Health Organization
Questions & answers

- We created a community of practice for this webinar. Questions and answers will be posted in this community of practice: bit.ly/NCforeverynewborn

- We invite you to join the Quality of Care for MNCH Community of Practice to continue the conversation with the panelists and contribute in further discussion on this topic.
4. Reflections from partners

Facilitated by Shekufeh Zonji
Global Technical Lead
ECD Action Network
Reflections from partners

Lily Kak
Newborn Health Team Lead, United States Agency for International Development (USAID)

Björn Westrup
Senior Consultant in Neonatology, Founder, Karolinska NIDCAP Training & Research Centre

Joy Lawn
Director MARCH Centre, London School of Hygiene & Tropical Medicine

Alison Morgan
Senior Health Specialist (MNCH), Global Financing Facility Secretariat (GFF)

Neena Khadka
Newborn Health Focal Point MOMENTUM Country and Global Leadership Program (MCGL)
5. Closing remarks

Facilitated by Bernadette Daelmans
Unit Head, Child Health and Development World Health Organization
Closing remarks

Tedbabe Degefie Hailegebriel
Senior Adviser MNH
UNICEF New York

Anshu Banerjee
Director of the Department of Maternal, Newborn, Child and Adolescent Health and Ageing
WHO Geneva
STAY ENGAGED

- Learn more about the series “Transforming care for small and sick newborns”
  bit.ly/SSNB2021

- Thematic brief: nurturing care for every newborn
  https://nurturing-care.org/nurturing-care-for-every-newborn/

- Websites:
  - Network for improving quality of care for maternal, newborn and child health
    https://www.qualityofcarenetwork.org/about
  - Child Health Task Force: https://www.childhealthtaskforce.org/
  - Nurturing care: https://nurturing-care.org
  - ECDAN: https://ecdan.org

#everynewborn #NurturingCare