State of the Evidence and the Implementation Gap: for Small and Sick Newborns

AlignMNH Collective Webinar

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NEST360
## WHO’s Levels of Newborn Care with Interventions SDG for 2030 with Every Newborn and new coverage targets for 2025

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Immediate and essential newborn care</th>
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<tr>
<td></td>
<td>Immediate newborn care (delayed cord clamping, drying, skin to skin etc)</td>
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<td>Neonatal resuscitation for those who need it</td>
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<td>Breastfeeding early initiation and support</td>
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<td>Essential newborn care Identification and referral of complications</td>
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<td>Targeted care as needed eg PMTCT of HIV</td>
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<tr>
<th>Level 2</th>
<th>Special newborn care</th>
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<td>Thermal care including KMC</td>
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<td>Assisted feeding and IV fluids</td>
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<td>Safe administration of oxygen</td>
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<td>Detection and management of pulmonary hypertension</td>
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<td>Detection and management of respiratory distress syndrome</td>
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<td>Detection and management of sepsis</td>
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<td>Detection and referral/management of congenital abnormalities</td>
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<td>CPAP management of preterm respiratory distress</td>
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<td>Follow up of at risk newborns</td>
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<td>Exchange transfusion</td>
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<th>Level 3</th>
<th>Intensive newborn care</th>
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<td>Mechanical/assisted ventilation</td>
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<td>Advanced feeding support (eg parenteral nutrition)</td>
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<td>Paediatric surgery for congenital conditions</td>
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<td>Screening and treatment for RoP</td>
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**EVERY NEWBORN COVERAGE TARGETS 2020–2025**

To achieve global goals for child health, it will be essential to attain high-quality antenatal care, essential child birth care, postnatal care and infant care for small and sick newborns, with equity in all countries. Four coverage targets are proposed for 2020–2025, at three levels, global, regional and subnational. Subnational targets are essential for assessing equity in access to and use of essential services.

- The four indicators are: four or more antenatal care contacts, births attended by skilled health personnel, postnatal care within 2 days and care for both small and sick newborns. Currently, data on the coverage targets for antenatal care, births attended by skilled health personnel and postnatal care are derived from population-based household surveys.
- The Every Newborn Action Plan is, however, supporting countries in strengthening their routine health information systems so that they can capture this information rapidly at subnational level. The targets for small and sick newborns are currently obtained with the Every Newborn Action Plan tracking tool but could be captured in routine measurement systems in the future.

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80% of districts have at least one level-2 inpatient unit to care for small & sick newborns, with respiratory support including CPAP.

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WHO standards for the care of small and sick newborns

**Theme: Provision of care**

**Standard 1**
Every small and sick newborn receives evidence-based care and management of illness according to WHO guidelines.

**Standard 2**
The health information system enables collection, analysis, and use of data to ensure early appropriate action to improve the care of every small and sick newborn.

**Standard 3**
Every small and sick newborn with a condition or conditions that cannot be managed effectively with the available resources receives appropriate, timely referral through integrated newborn service pathways, with continuity of care, including during transport.

**Theme: Experience of care**

**Standard 4**
Communication with small and sick newborns and their families is effective, with meaningful participation, and responsive to their needs and preferences, and parental involvement is encouraged and supported throughout the care pathway.

**Standard 5**
Newborns’ rights are respected, protected, and fulfilled without discrimination, with preservation of dignity at all times and in all settings during care, transport, and follow-up.

**Standard 6**
All small and sick newborns are given developmentally supportive care and follow-up, and their families receive emotional and psychosocial support that is sensitive to their needs and strengthens their capability.

**Theme: Health system resources**

**Standard 7**
For every small and sick newborn, competent, motivated, empathetic, multidisciplinary staff are consistently available to provide routine care, manage complications, and provide developmental and psychosocial support throughout the care pathway.

**Standard 8**
The health facility has an appropriate physical environment, with adequate water, sanitation, waste management, energy, supply, medicines, medical supplies, and equipment for routine care and management of complications in small and sick newborns.
Implementation Toolkit for Small and Sick Newborn Care

**Purpose**
Implementation toolkit with open-access, practical resources and active learning for small & sick newborn care in low & middle income settings to accelerate progress towards SDG 3.2
Community of implementers
- Building on existing communities e.g. WHO, QoC, Save the children CoP
- Implementing country teams (NEST)
- UNICEF country and regional teams
- WHO country and regional teams
- Frequency of meetings – join SSNC implementation webinars

Broader membership
- Pilot and refine the online toolkit
- Share experiences, tools multi-media resources
- Time frame - Long-term
- Level of effort - 1-2 hours/month
- Webinars – join SSNC implementation webinars, co-design HSBB specific webinar
- Frequency of meetings – expected every 2-3 months

Core membership
- 2 co-ordinators
- 4-6 members
- Review and help content development
- Ensure cross-linkage with other HSBBs
- Time frame - 6 months
- Level of effort - one day/month
- Frequency of meetings – as needed

Everybody welcome to join
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