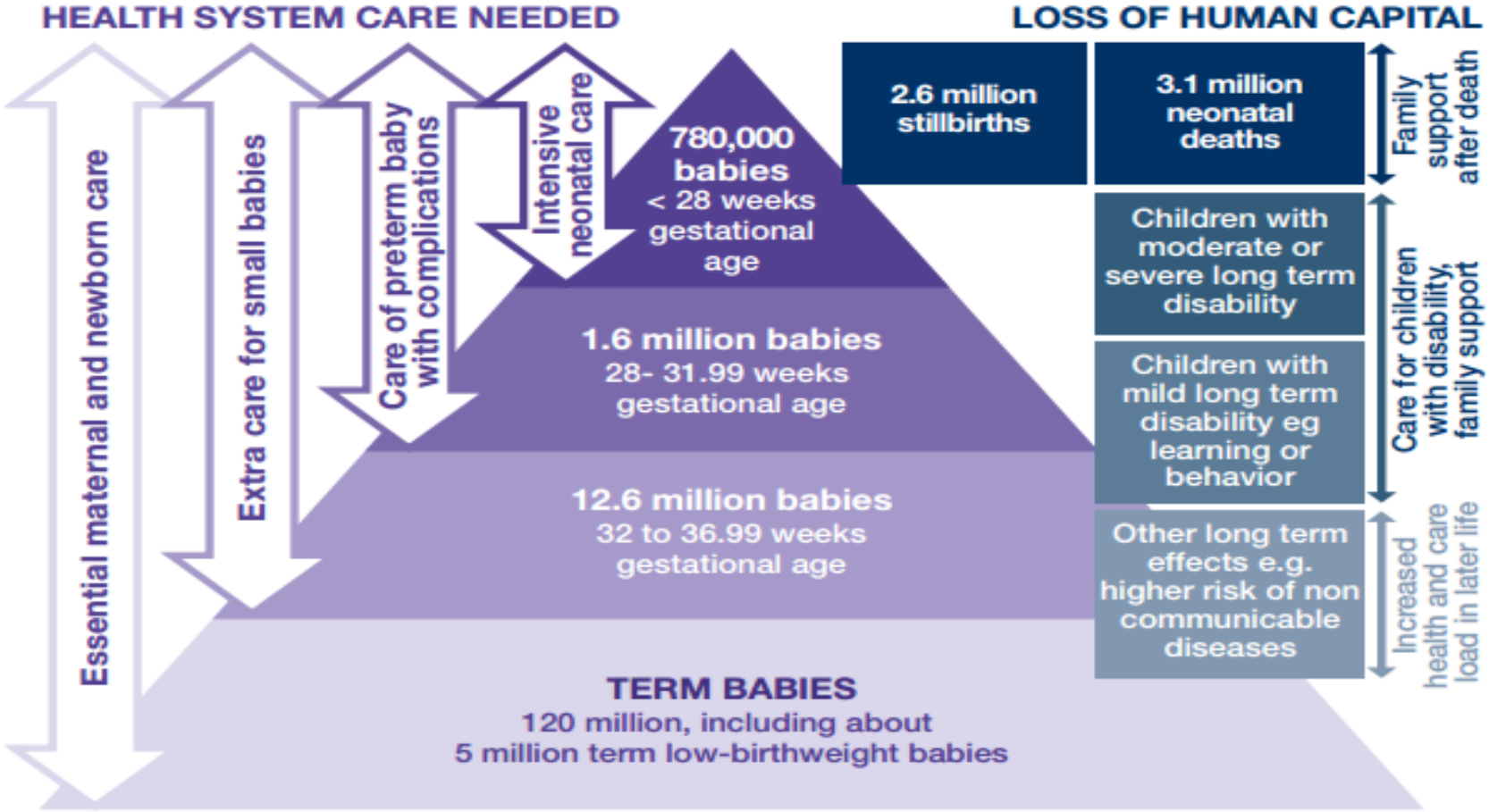
Newborn Care in South Africa:

"Reaching our Goals!"

Figure 5.2: 135 million newborns and 15 million premature babies - health system needs and human capital outcomes



Source: Analysis using data from Blencowe et al., 2012; Cousens et al., 2011; Liu et al., 2012

The Problem

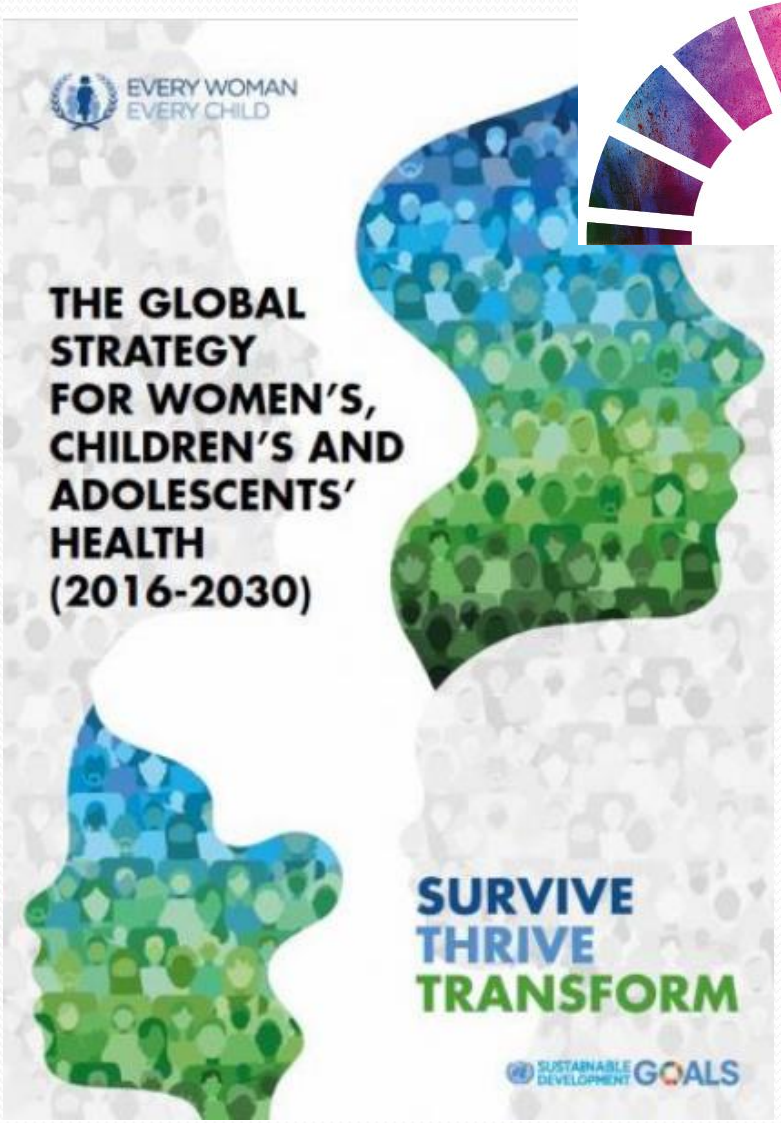
Goal 3 Ensure healthy lives and promote well-being for all at all ages.

Neonatal mortality target 12/1000 live births

Child Mortality Goal :End, by 2030, preventable deaths of new-borns and children under 5 years of age and achieve national U5 mortality rates of <25/1000.

Global Targets

PROTECT THE PROGRESS



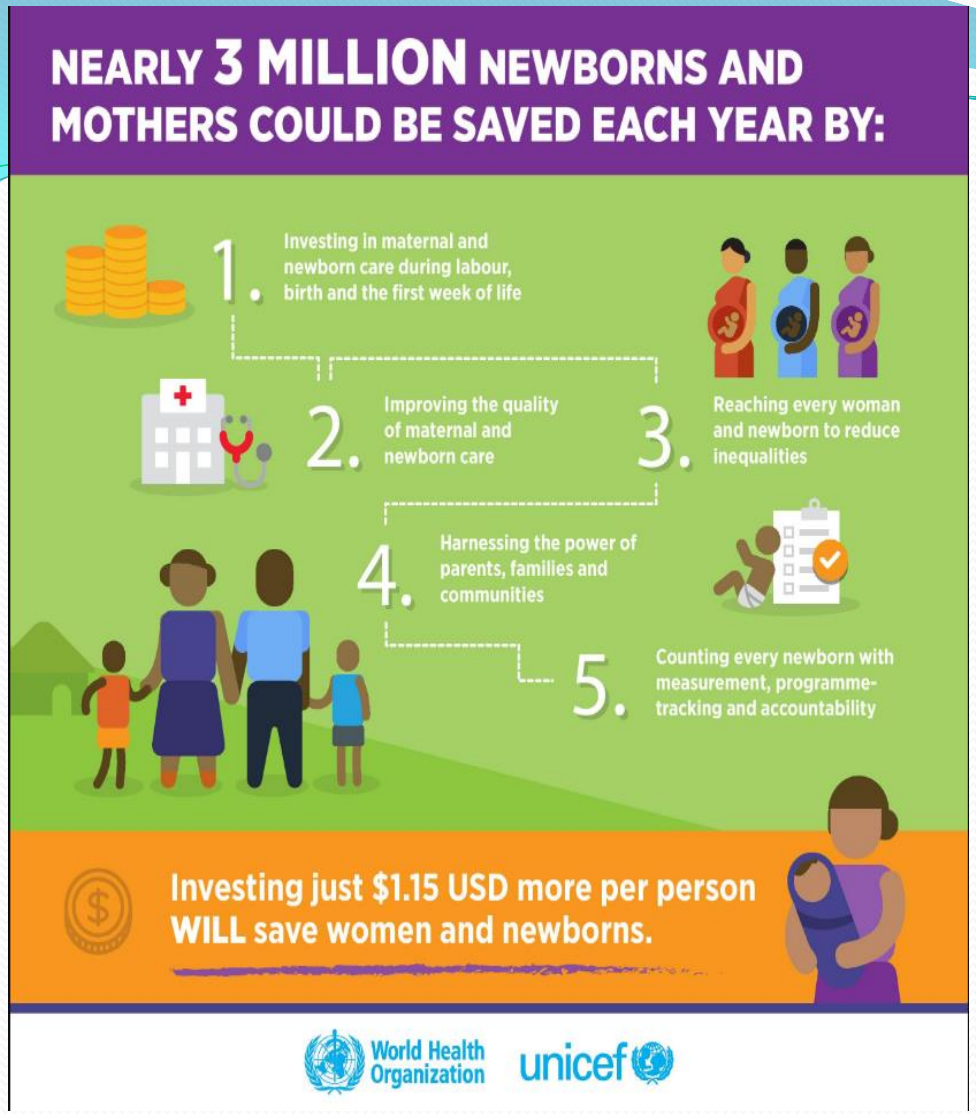
In support of the *Global Strategy*, we commit to support Every Woman, Every Child and Adolescent everywhere to survive, thrive and transform their lives and communities.

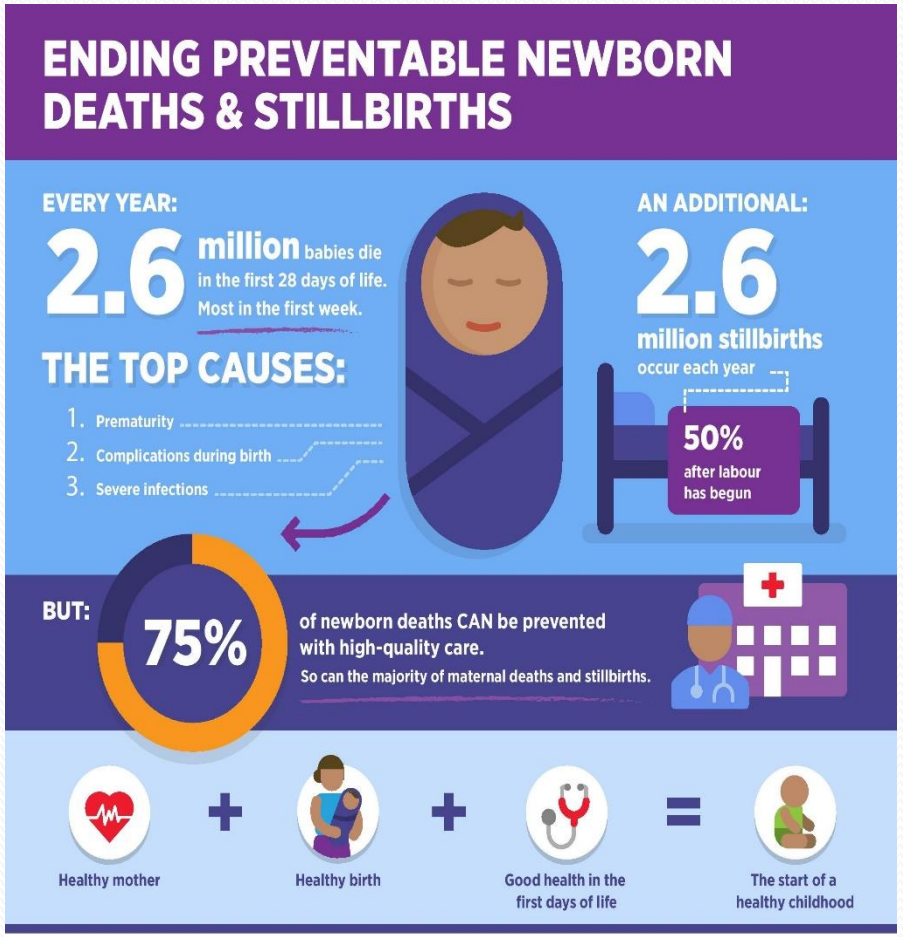
We therefore commit to reaching a range of targets as indicated in our National Development Vision 2030, including the following:

- Reduce under-five child mortality rate to less than 25 per 1000 live births
- Ensuring a generation free of HIV
- Use mobile health technology to provide health messages to every pregnant women
- Significantly improve access to sexual and reproductive health services
- Implement strategies to ensure safe delivery and a reduction in neonatal mortality, including access to skilled health workers and ensure implementation of kangaroo mother care in all public hospitals
- Reach the global target of 70 maternal deaths per 100,000 live births or less
- Significantly decrease the burden of disease from TB and achieve virtual elimination of malaria
- Increase average male and female life expectancy at birth to at least 70 years, including through the prevention and reduction of communicable and non-communicable disease burdens
- The bulk of the health services provided in the public sector is currently funded from the national focus; a national health insurance system is currently being planned to ensure that the total health expenditure is distributed equitably on the basis of need and not ability to pay
- Implement policies to ensure equity in access to quality health services through universal health coverage

UN, Sept 2015

South Africa's Commitments

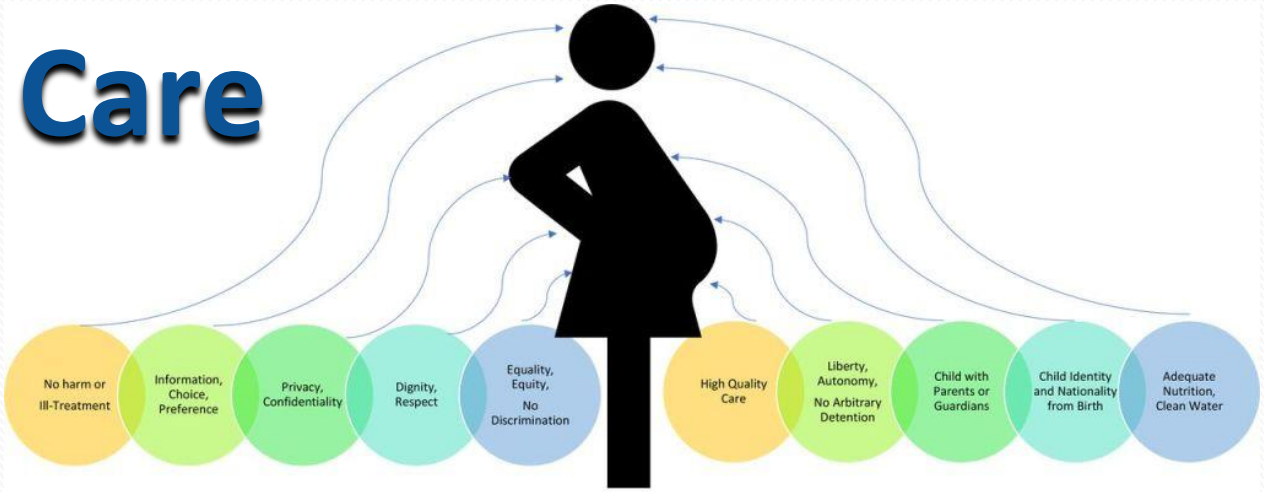




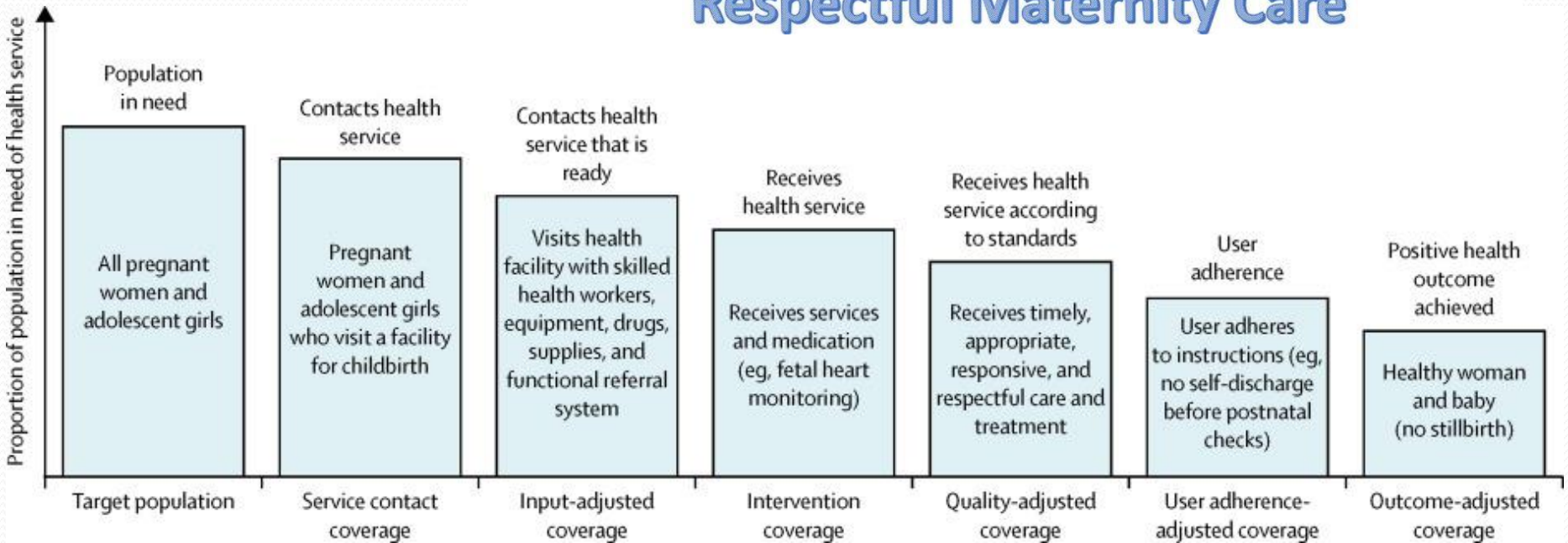
All countries should have NMR and stillbirth rates <10/1000 by <u>2035</u>

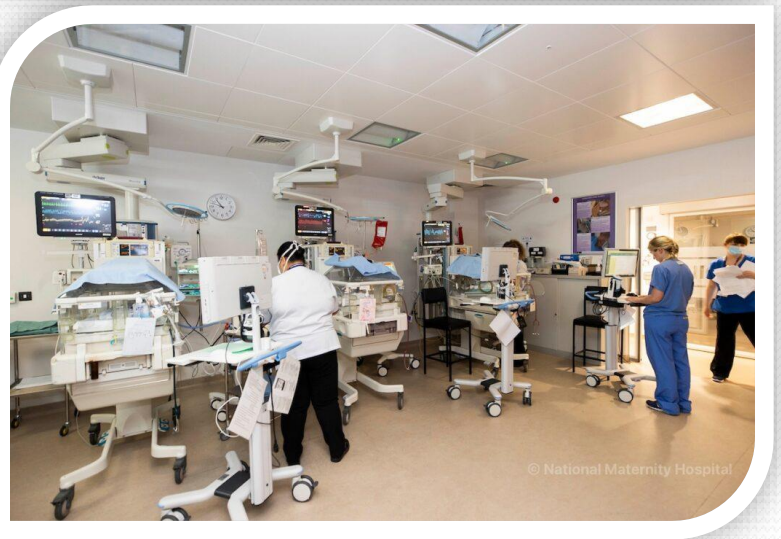
Resources

Quality of Care

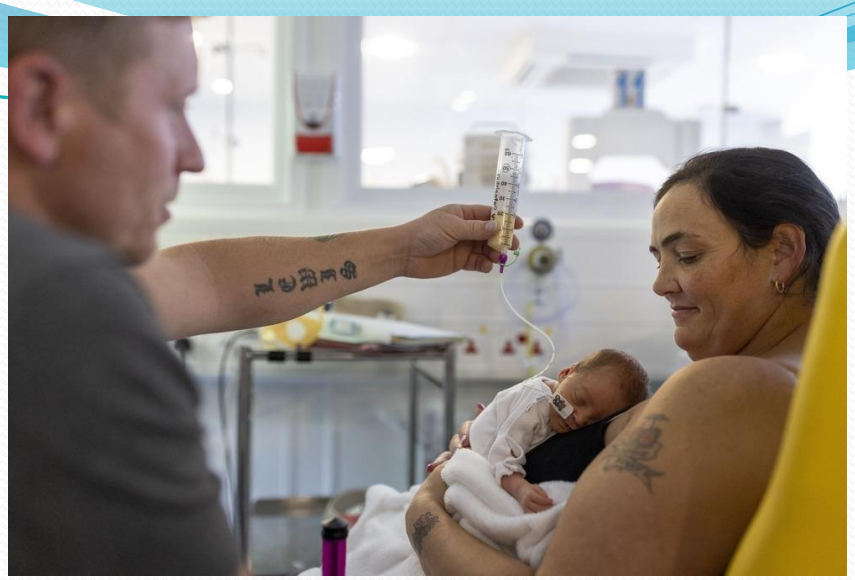


Respectful Maternity Care





Reach every woman and newborn



Family Integrated Care

Every newborn counts!

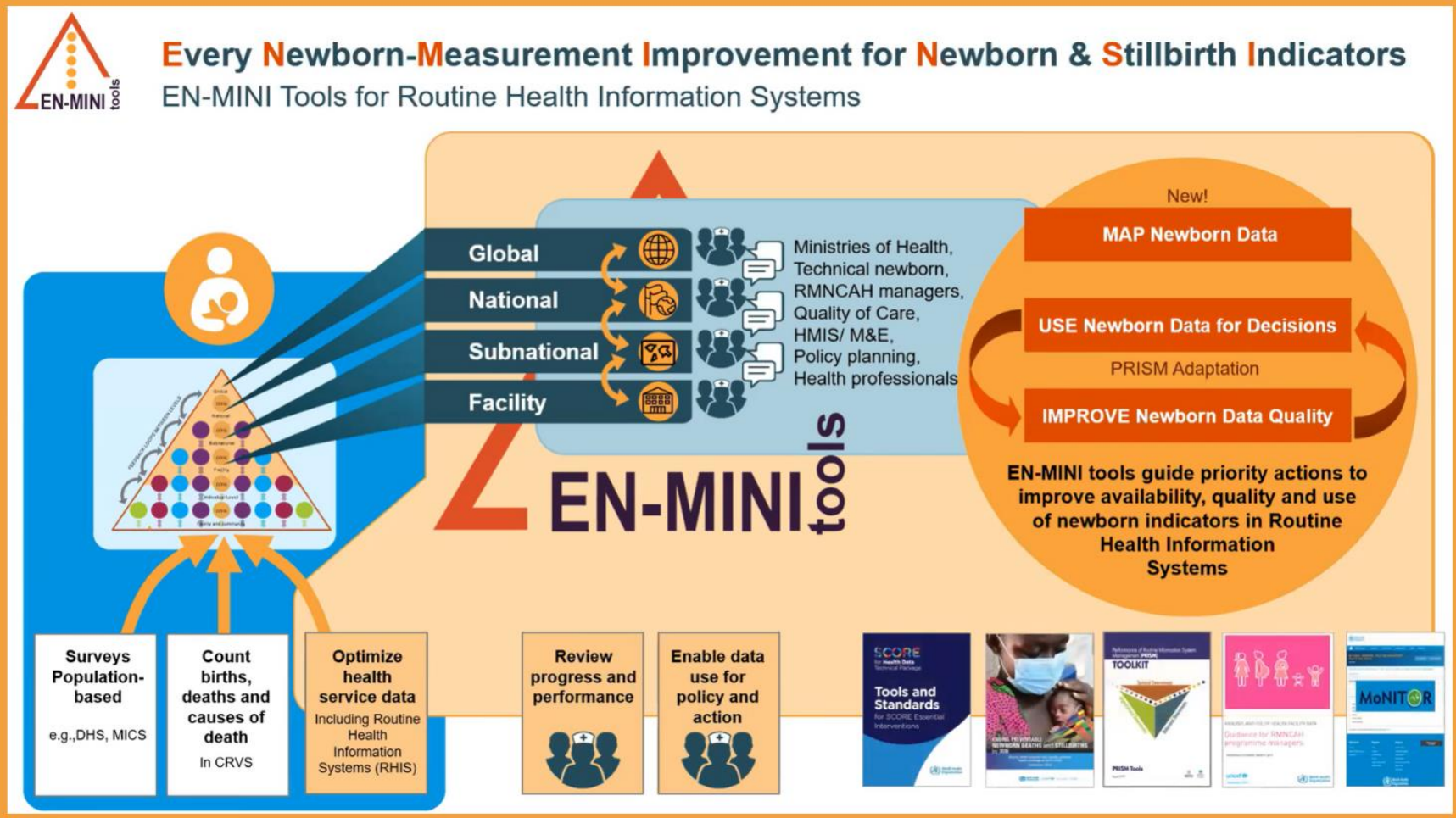
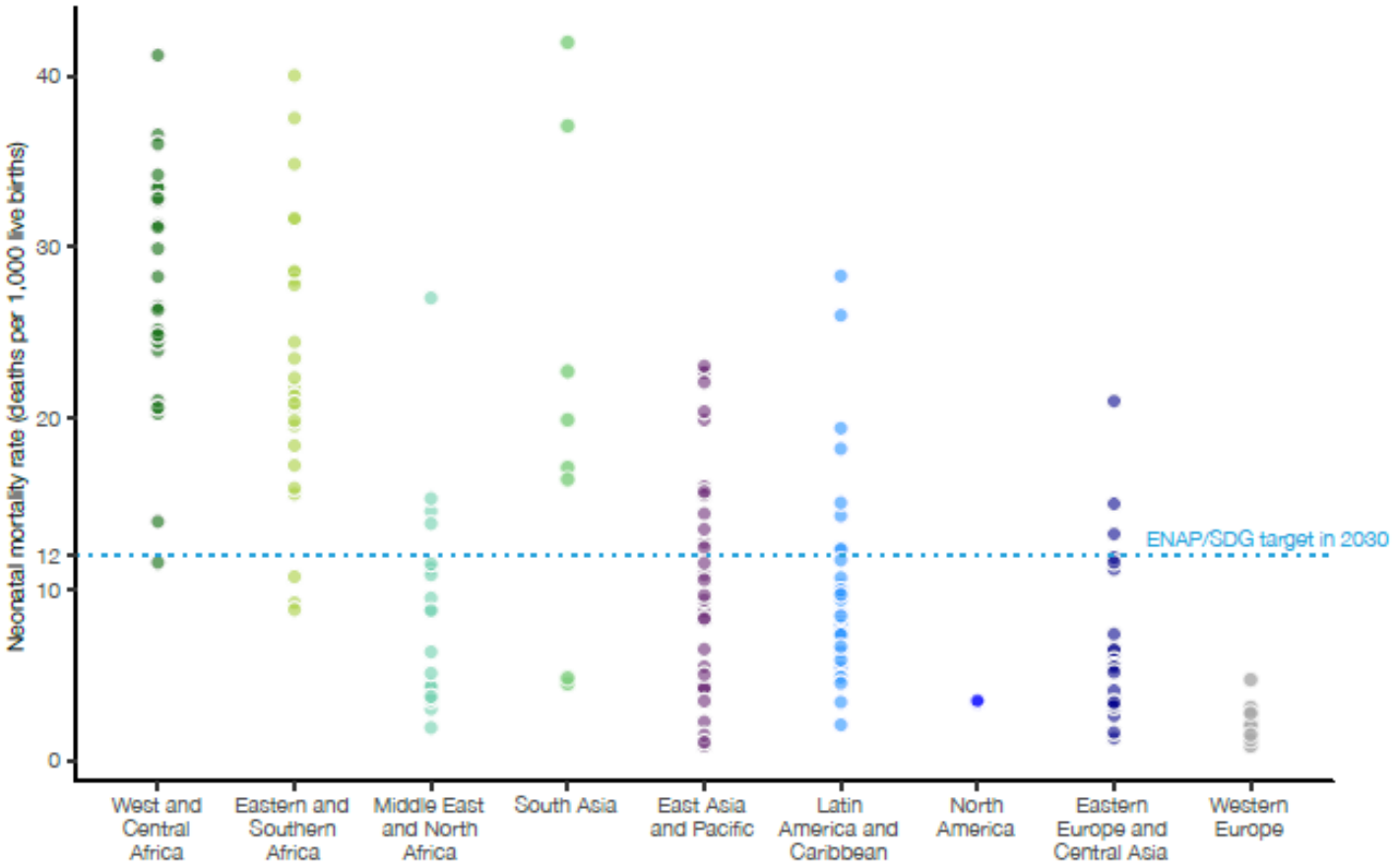


Fig. 1. Disparities in rates of newborn mortality in regions, 2018



Source: United Nations Inter-agency Group got Child Mortality Estimation (UN IGME) 2019 (2) ENAP, Every Newborn Action Plan

Global Progress

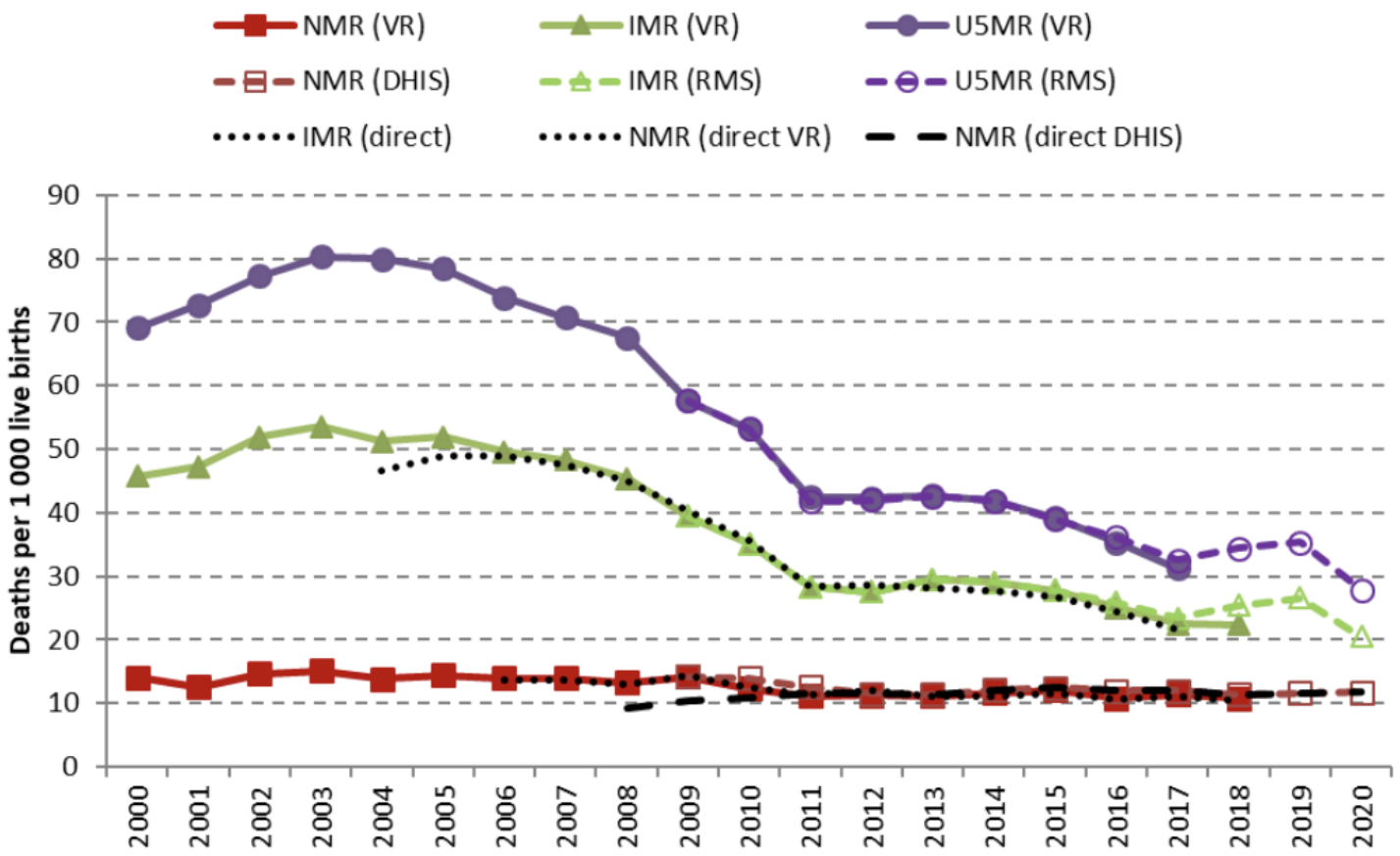
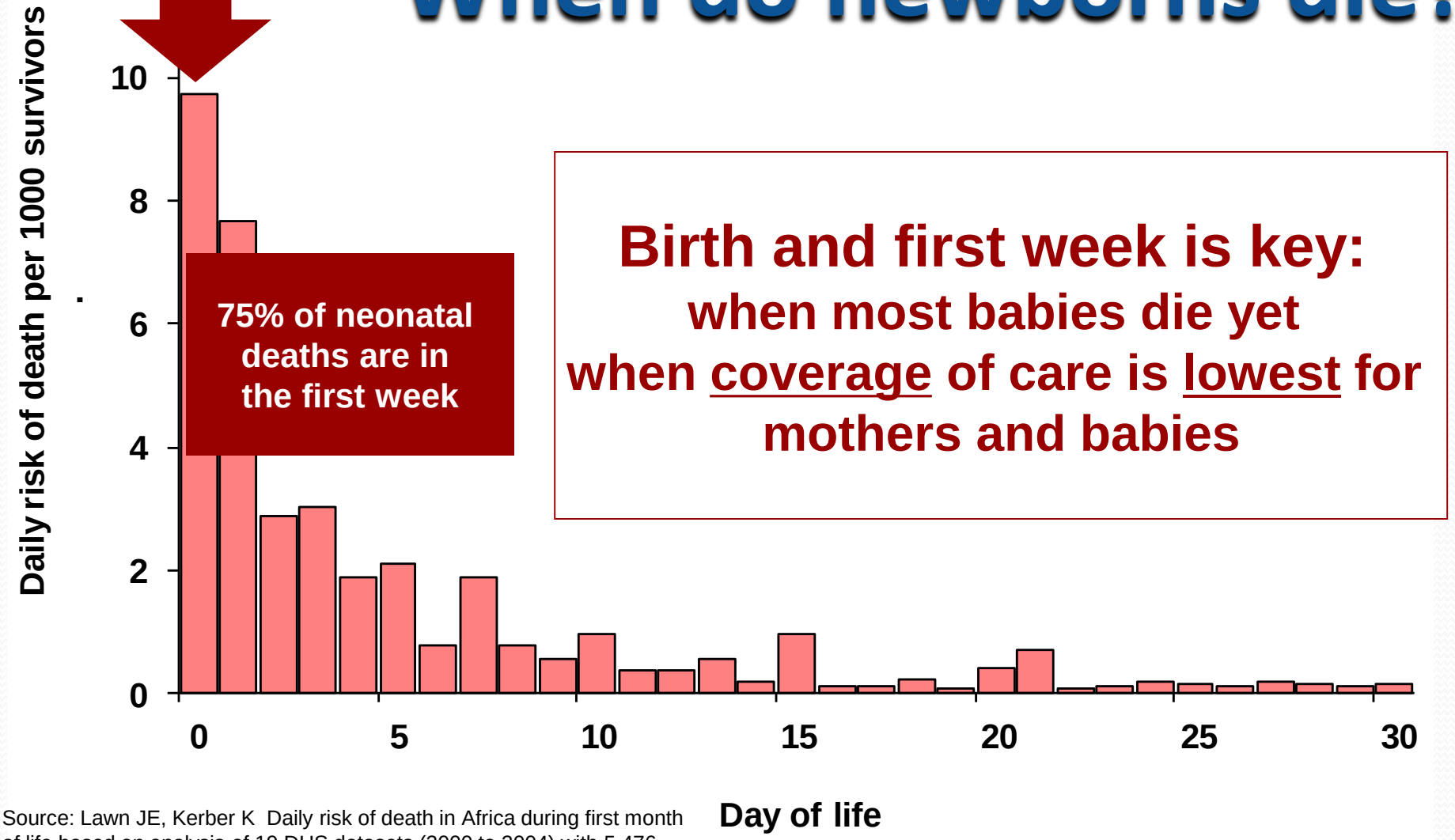


Figure 20: Under-5 mortality rate (U5MR) and infant mortality rate (IMR) from VR/RMS and neonatal mortality rate (NMR) from VR/DHIS, 2000-2020 (after adjusting for incompleteness)

South Africa's Progress

When do newborns die?

Up to 50% of neonatal deaths are in the first 24 hours

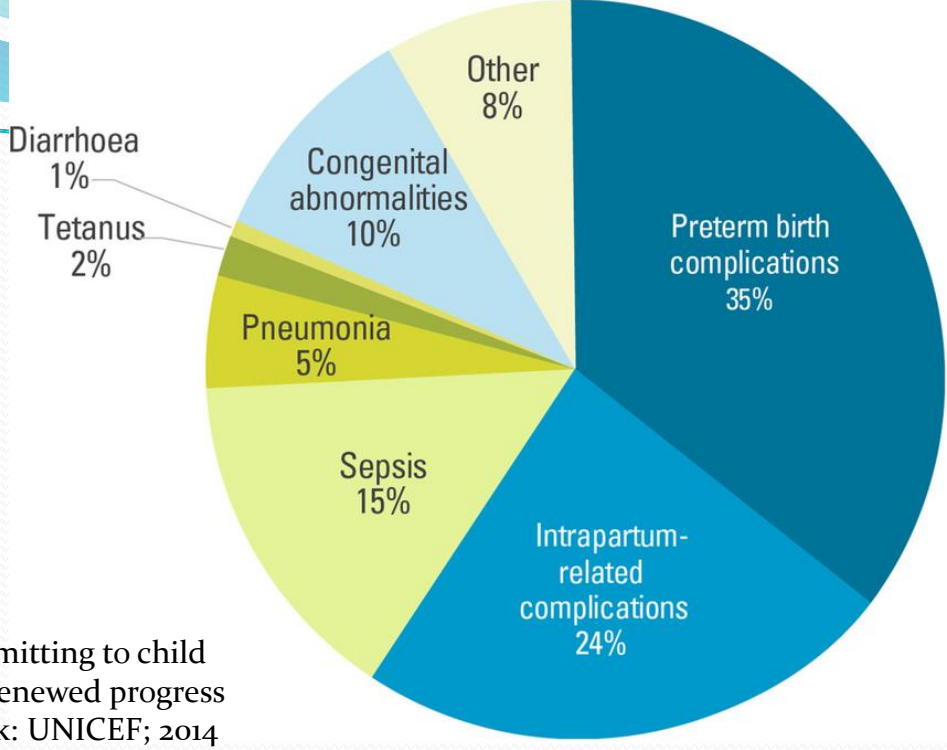


75% of neonatal deaths are in the first week

Birth and first week is key:
when most babies die yet
when coverage of care is lowest for mothers and babies

Source: Lawn JE, Kerber K Daily risk of death in Africa during first month of life based on analysis of 19 DHS datasets (2000 to 2004) with 5,476 neonatal deaths

What is killing them?



Source: UNICEF: Committing to child survival: A Promise Renewed progress report 2014. New York: UNICEF; 2014

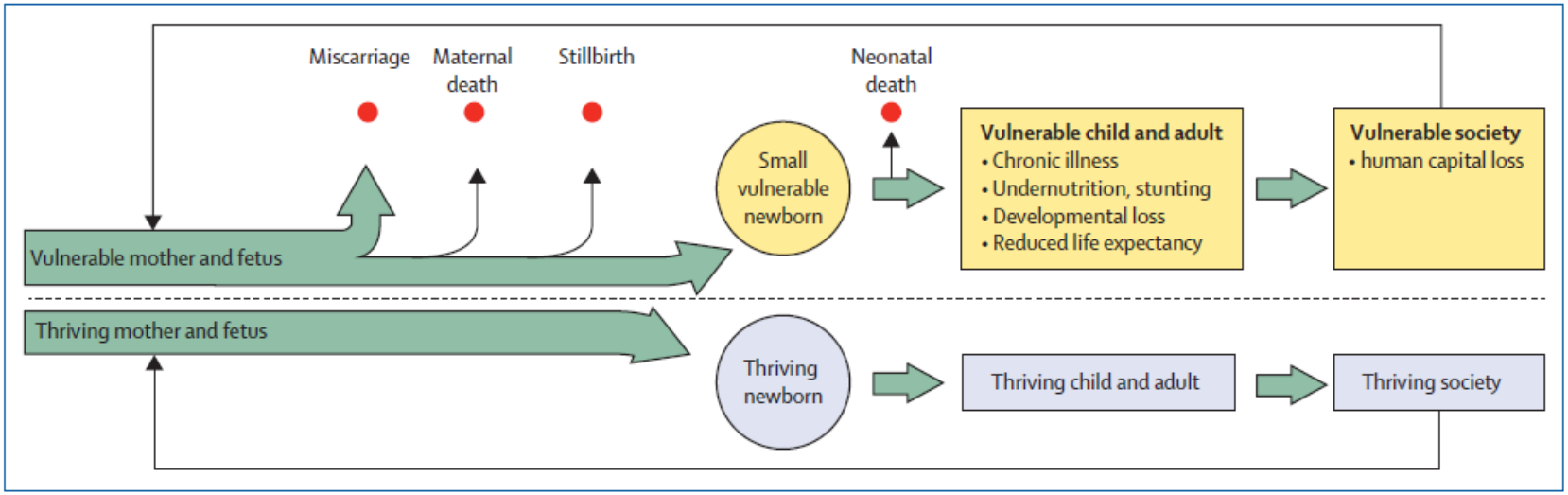


Figure 1: **The vicious cycle of vulnerability**
Vulnerable mothers are at increased risk of miscarriage, maternal death and delivering a stillborn infant or small vulnerable newborn (SVN). The SVNs, in turn, are at increased risk for lifetime health and developmental problems, leading to loss of human capital and vulnerable societies. SVN=small vulnerable newborn.

Source: Small vulnerable newborns Lancet Series 2023

Plans to reduce these deaths

Milestone 1: Policy and plans

All countries have developed and implemented plans and policies for improving maternal and newborn survival and health and for preventing stillbirths, in line with the recommendations in the Every Newborn Action Plan and WHO guidelines.

Milestone 2: Response and resilience

All countries have a preparedness and response plan that includes promoting maternal and newborn survival and health and preventing stillbirths and have a coordinated mechanism in place for its implementation, ensuring procurement of emergency supplies and monitoring survival and health outcomes.

Milestone 3: Investments

All countries have allocated sufficient domestic and international resources to strengthen their health systems and implement their plans for improving maternal and neonatal survival and health and for preventing stillbirths.

Milestone 4: Quality of care

All countries have adopted and are implementing the WHO standards for respectful, effective maternal and newborn care, including prevention of stillbirths and care after death, and have a system for learning from experience.

Milestone 5: Health workforce

All countries have developed and are implementing strategies and plans to increase the number, distribution, mentoring and retention of personnel for maternal and newborn health and to enhance their competence for respectful maternal and newborn care, prevention of stillbirths and care after death.

COVERAGE TARGET 1

EVERY PREGNANT WOMAN

Indicator: Four or more antenatal care contacts

Global target	90% global coverage of four or more antenatal care contacts
National target	90% of countries have > 70% coverage
Subnational target	80% of districts have > 70% coverage

COVERAGE TARGET 2

EVERY BIRTH

Indicator: Births attended by skilled health personnel

Global target	90% global average coverage of births attended by skilled healt
National target	90% of countries with > 80% coverage
Subnational target	80% of districts with > 80% coverage

COVERAGE TARGET 3

EVERY WOMAN AND NEWBORN

Indicator: Early routine postnatal care (within 2 days)

Global target	80% global coverage of early postnatal care
National target	90% of countries with > 60% coverage
Subnational target	80% of districts with > 60% coverage

COVERAGE TARGET 4

EVERY SMALL AND EVERY SICK NEWBORN

Global target	80% of countries have a national implementation plan that is being implemented in at least half the country, with an appropriate number of functional level-2 inpatient units linked to level-1 units to care for small and sick newborns, with family-centred care.
National and Subnational targets	80% of districts (or equivalent subnational unit) have at least one level-2 inpatient unit to care for small and sick newborns, with respiratory support including provision of continuous positive airway pressure. (See Table 1 for definitions of levels 1 and 2 newborn units.)

Department of Health

Key steps to prevent avoidable maternal, neonatal and child mortality as recommended by the ministerial committees, 2015

Recommended by	What	How
Committee	Focal areas for interventions to reduce deaths by health worker training and health systems strengthening	3 pillars to improve quality of care
Mother NCCEMD	▪ HIV and TB ▪ Hypertension ▪ Haemorrhage	1 Knowledgeable and skilled health care providers
Newborn	▪ Asphyxia ▪ Prematurity ▪ Infection	2 Rapid inter-facility emergency transport system
Child CoMMiC	▪ Diarrhoea ▪ Pneumonia ▪ Malnutrition	3 Appropriately resourced health facilities (inc. equipment and human resources)

5 Cs

1. **Care: commitment to quality and outreach**
2. **Coverage:**
   - Essential Steps In Management of Obstetric Emergencies (ESMOE)
   - Helping Babies Breathe (HBB) and Management of Small and Sick Newborns (MSSN)
   - Essential Package of Care (EPOC)
3. **Clinical care:**
   - Caesarean section safety
   - Continuous Positive Airway Pressure (CPAP)
   - Early Child Development (ECD)
4. **Contraception / Road to Health Card**
5. **Community involvement and accountability**

unicef

National Neonatal Plan

HHAPINeSS

H- **H**ealth systems- 24hr access

H- **H**ealth workers-Improve knowledge and skills

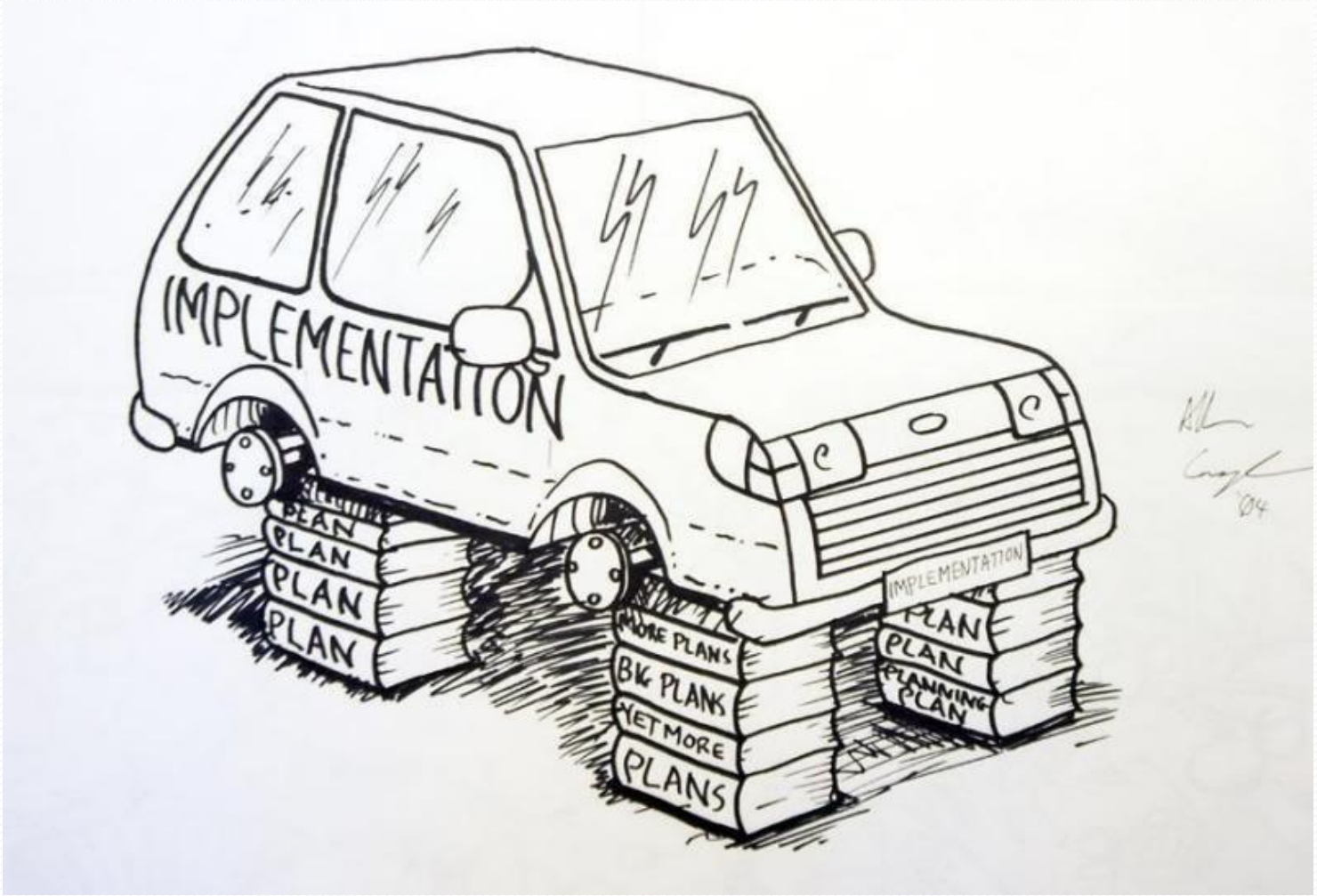
A- Reduce deaths from **A**sphyxia

P-Reduce deaths from **P**rematurity

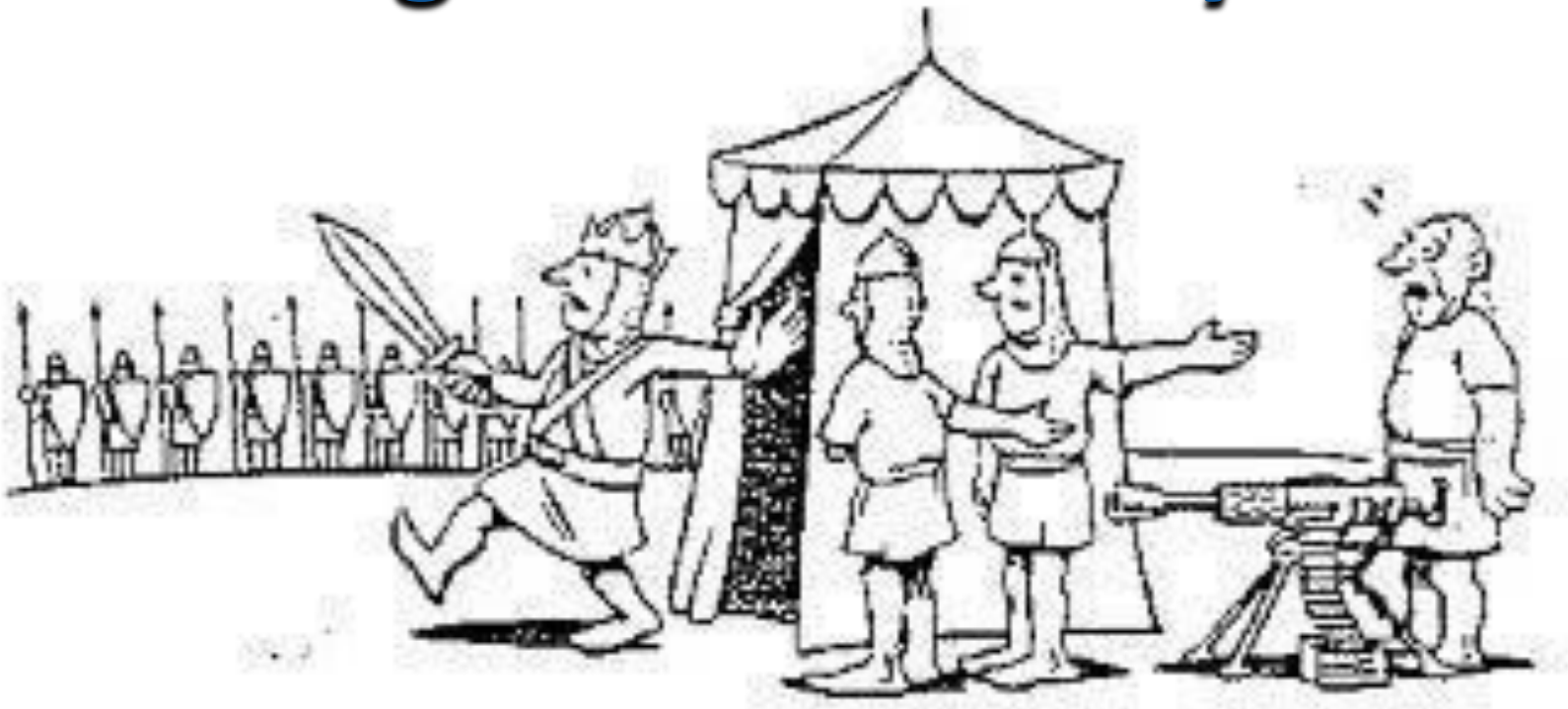
I-Reduce deaths from **I**nfection

NeSS - In support of the **N**eonatal **S**urvival **S**trategy

How do we get going?!



1. Strengthen Health Systems:



"I don't have time to see any crazy salesman; I have a battle to fight."

2. Strengthen Health workers

1. Preservice
2. Inservice
3. Specialised training

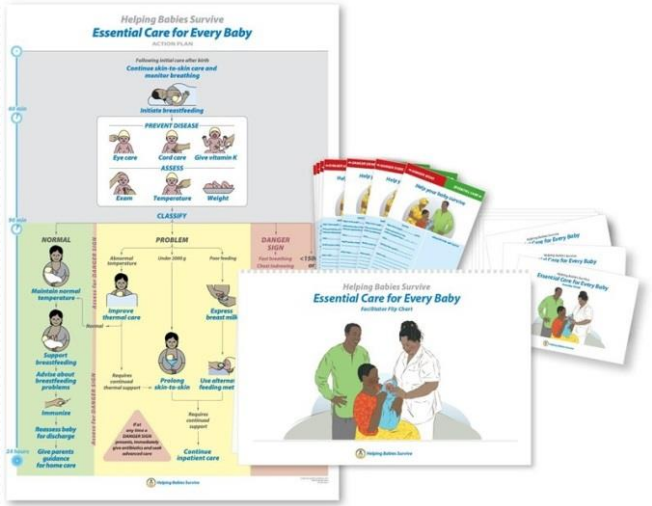


Table 3 Baseline coverage estimates for interventions to reduce stillbirths and maternal and neonatal deaths

Interventions	Baseline 2014 coverage (%)
Interventions for stillbirth prevention	
Syphilis detection and treatment	92
Hypertensive disease case management	40
Diabetes case management	10
MgSO4 Management of pre-eclampsia	75
Fetal growth restriction detection and management	10
Labor and delivery management	
Essential care	22*
Basic emergency obstetric care	13*
Comprehensive emergency obstetric care	53*
Induction of labor for pregnancies lasting 41+ weeks	10*
Interventions for maternal and newborn health	
Early detection and treatment of HIV in pregnant women	40
Tetanus toxoid immunization during pregnancy	77*
Antibiotics for preterm premature rupture of membranes	25
Antenatal corticosteroids for preterm labor	20
Active management of the third stage of labor	80
Neonatal resuscitation	40*

*Default LiST value in Spectrum V5.04. Source: Consultation with expert South African panel.

3. Strengthen clinical care

Triple return on investment: the cost and impact of 13 interventions that could prevent stillbirths and save the lives of mothers and babies in South Africa. *Julia Michalow et al*

Lives saved in 2030

		2014	2030	
Mortality reduction		Rate	Rate	Deaths Prevented
SBR	30% ↓	17.6	12	5400
MMR	50% ↓	264	132	1300
NMR	42% ↓	13	7	4800

With 100% coverage of 13 interventions and 70% coverage of modern contraception

Triple return on investment: the cost and impact of 13 interventions that could prevent stillbirths and save the lives of mothers and babies in South Africa.
Julia Michalow et al 2015

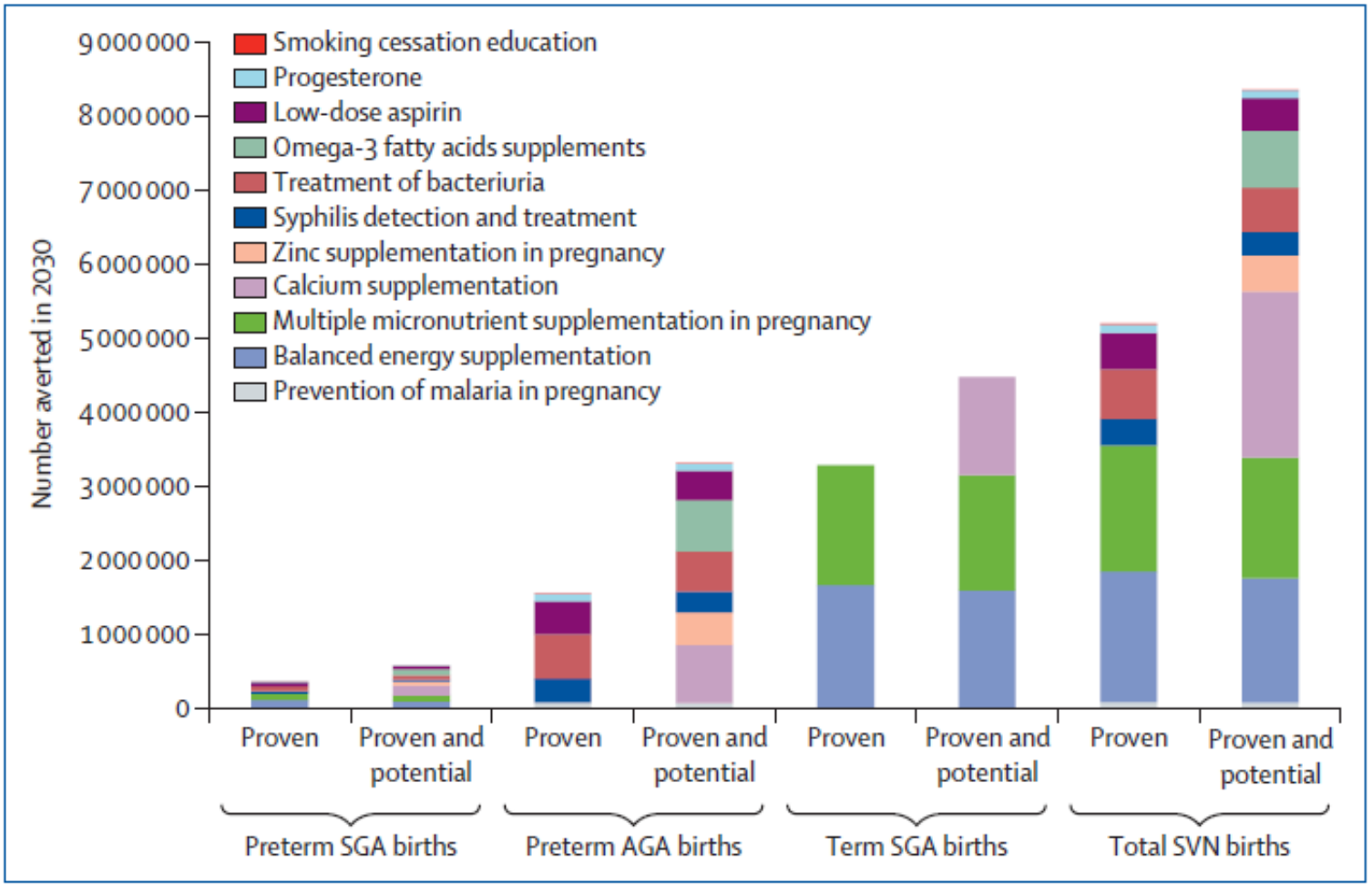
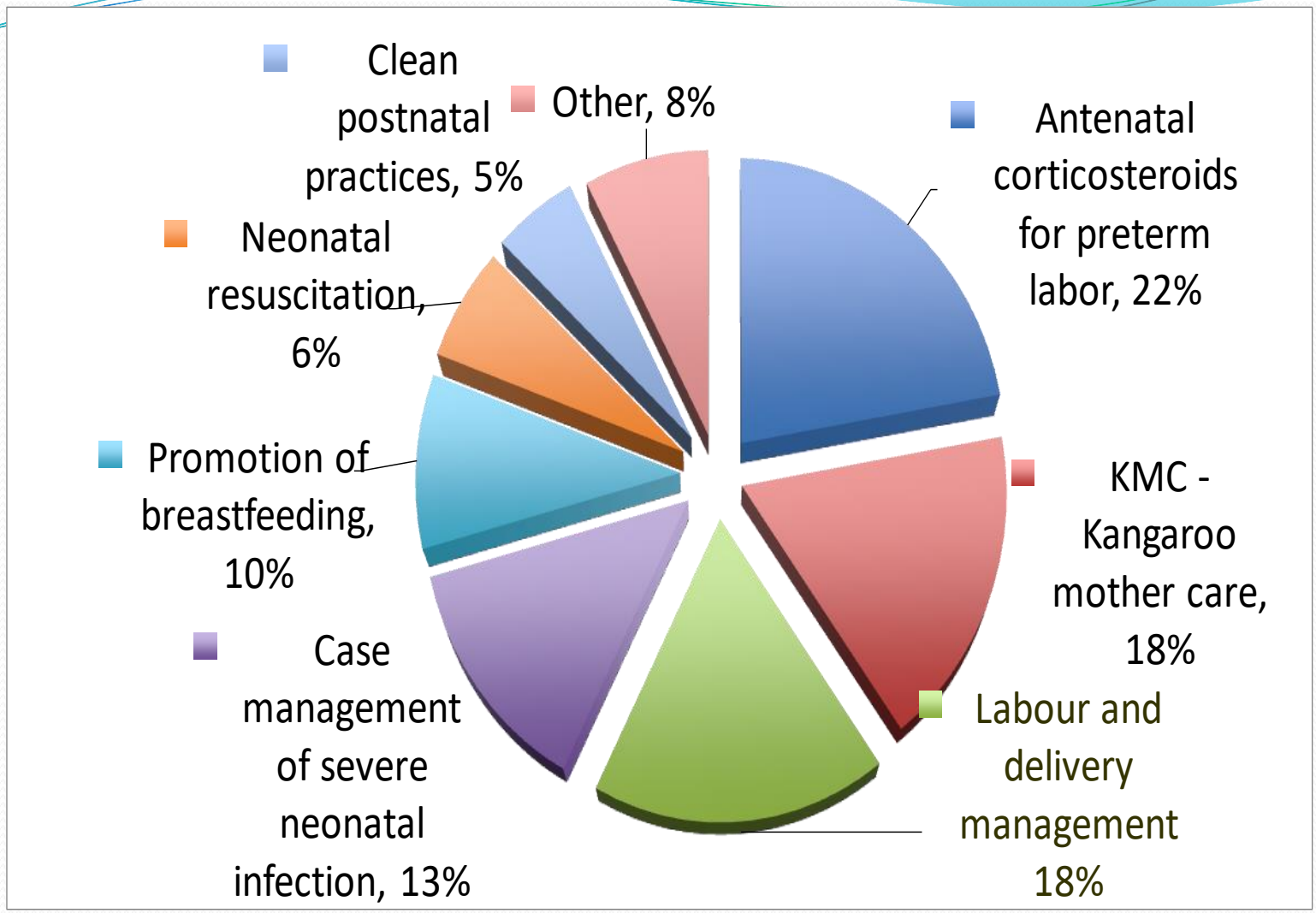


Figure 3: **Impact of interventions on SVN types in 81 low-income and middle-income countries**
AGA=appropriate for gestational age. SGA=small for gestational age. SVN=small vulnerable newborn.

Antenatal Interventions



7 Key Clinical Interventions


We Can Do It!
WAR PRODUCTION CO-ORDINATING COMMITTEE


YES WE CAN

Acknowledgements:

- Dr. S Kauchali
- Dr. N. Mckerrow
- Dr. N. Rhoda
- Dr. D Pansegrouw