

# The Council of International Neonatal Nurses’ Position Statement on ‘Every Newborn An Action Plan to End Preventable Deaths’

COINN supports the vision of the WHO and UNICEF Every Newborn Action Plan (ENAP): “A world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential.”<sup>(1)</sup>

COINN recognizes that in order to address the unfinished agenda of the Millennium Development Goals for women’s and children’s health, neonatal nursing professional associations have a significant role to play in supporting the delivery of cost effective, evidence-based interventions for reducing neonatal mortality and morbidity in high burden countries.

COINN advocates for high-quality coverage of skilled health professionals at every birth and adequate skilled support during the post natal period so that every newborn receives essential newborn care; every newborn who fails to breathe spontaneously at birth receives bag and mask resuscitation; every newborn receives kangaroo mother care (skin-to-skin contact) in any setting (health facility or home) when safe to do so; and every newborn with a suspected infection receives sepsis management.

## **Background**

2015 is the year that the Millennium Development Goals (MDGs) were envisaged to be reached<sup>(2)</sup>. While many accomplishments have been achieved, and there has been a reduction by nearly 50% in mortality rates in infants aged 1-59 months, the same result has not been achieved in the neonatal population<sup>(1)</sup>. The newborn’s birth day is still the most dangerous day, and the day when they face the greatest risk of disability<sup>(1)</sup>. Two point six (2.6) million neonates are stillborn annually, and 45% of these deaths occur during childbirth. Deaths in the first month of life now represent 44% of all deaths in children under 5 years of age<sup>(3)</sup>. Investing in improving care around the time of delivery delivers a 3-fold return by reducing maternal and neonatal mortality, and reduces stillbirths. In going forward, there has been a refocus on the goals to address neonatal mortality and the *Every Newborn: An Action Plan to End Preventable Deaths* sets the vision, goals and strategic objectives for post-2015<sup>(1)</sup>.

COINN contributed to this Action Plan as an advisory group member and has undertaken a commitment to support training and education of healthcare workers (nurses, midwives, community healthcare workers, village birth attendants) working with newborns in Africa,

Asia and the Pacific. Neonatal nurses, COINN members and their professional associations have a significant role to play in delivering, supporting and advocating for cost-effective, evidence-based interventions for reducing neonatal mortality and morbidity in high burden countries.

There is high level evidence for interventions such as umbilical cord cleansing with chlorhexidine, using training tools for resuscitation, and low-cost equipment for continuous positive airway pressure, but the coverage is low<sup>(3)</sup>. It is estimated that if high coverage (90%) of currently available interventions could be implemented, 1.95 million newborns and 162,000 women could be saved, and a further 816,000 stillbirths prevented by 2025<sup>(3)</sup>. *The Every Newborn Action Plan* has set interim coverage targets for 2025 of: 75% of babies not breathing at birth, after drying and stimulation, receive bag and mask resuscitation; at least 75% of preterm infants and newborns less than 2000 grams receive kangaroo mother care; and at least 75% of infants with suspected serious infection receive antibiotics<sup>(1)</sup>. The global goal for 2035 is to achieve a Neonatal Mortality Rate (NMR) of 7 per 1000 livebirths and Stillbirth Rate (SBR) of 8 per 1000 total births.

**Key principles:**

1. Every newborn should receive essential newborn care starting immediately after birth, during the first day and have at least three additional postnatal contacts on day 3 (48-72 hours), between days 7 – 14, and at six weeks after birth<sup>(5)</sup>.
2. Every newborn should receive core components of essential newborn care following initial care after birth including Kangaroo Mother Care (KMC)/skin-to-skin care; monitoring of breathing; initiating breastfeeding; preventing disease (eye care, cord care, vitamin K injection); assessing temperature and weight, and undertaking an examination<sup>(6)</sup>.
3. Newborns with signs of respiratory compromise, thermal instability, not feeding or moving should be assessed for sepsis, administered antibiotics and requirements for advanced care.
4. Every newborn with a birth weight of less than 2000 grams should be assessed for the need for additional thermal support including prolonged skin to skin care.
5. Every newborn with a birth weight of less than 1500 grams and/or severe jaundice should be assessed for the need for advanced care.
6. Advanced care should be in a facility that has neonatal nurses or nurses who have undertaken specialist training in the care of sick, preterm, low birth weight and small for gestational age neonates.
7. All neonatal nurses, nurses working with newborns, midwives, community health workers, birth attendants and medical doctors should have annual knowledge, clinical skills training and competency assessment in neonatal resuscitation.

8. All neonatal nurses, nurses working with newborns, midwives, community health workers and birth attendants should have annual knowledge, clinical skills training and competency assessment in:
  - a. delivering essential newborn care
  - b. recognizing and managing suspected sepsis in the newborn
  - c. Educating families about essential care at home including key messages, danger signs and follow-up care.
9. Essential care of well, term, small and sick newborns should be supported with appropriate policies, procedures, resources and education at all levels.

### **Achieving best practice**

COINN acknowledges that current practices in many countries need to be changed in order to meet the targets of the Every Newborn Action Plan. Implementing practice change and integrating evidence into our practice is a challenge for all, irrespective of working in high, middle or low income settings. COINN commits to supporting its members in overcoming these challenges and promoting and supporting the implementation of the ENAP within communities, amongst the general public, health professionals, hospital management and regional and national governments.

This Position Statement represents the views of The Council of International Neonatal Nurses. This Statement was approved by the board of COINN on 16 July 2015. This statement was coordinated by Dr Karen New.

### **References:**

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