



EVERY NEWBORN

An Action Plan To End Preventable Deaths

Measurement improvement roadmap









Overview of panel

	Moderator	Suzanne Fournier	5mins	
1	Count every newborn: a 5-year measurement improvement roadmap	Joy Lawn	15 min	
	IMPACT			
2	Counting births, neonatal deaths and cause of death: Improving measurement especially in vital registration	Peter Waiswa	15 min	
	COUNTING COVERAGE AND QUALITY AND LINKING TO ACTION			
3	Care for all mothers and newborns: Measuring coverage and content of care	Agbessi Amouzou	12mins	
4	Care for newborns with complications: Measuring coverage and content of care	Sarah Moxon	12 mins	
5	Counting every stillbirth and neonatal death: Perinatal audit tools and implementation for improving quality of care linked to maternal death surveillance and response	Kate Kerber	10 mins	
	DISCUSSION PANEL Tanzania and improving and using the data, links to scorecards Bangladesh and improving and using the data WHO's role in co-ordinating maternal and newborn metrics	Georgina Msemo Shams El Arifeen Matthews Mathai	3 mins each	
	Discussion from the floor		10mins	
	Close		5 mins	

Where to get more information



Lancet Every Newborn series: http://www.thelancet.com/series/everynewborn



Every Newborn Action Plan (ENAP):

http://www.who.int/maternal_child_adolescent/topics/newborn/enap_consultation/en/

BMC Pregnancy and Childbirth series:

http://www.biomedcentral.com/bmcpregnancychildbirth/supplements/15/s2



http://www.who.int/maternal_child_adolescent/documents/newborn-health-indicators/en/



http://www.lshtm.ac.uk/study/freeonlinecourses/women-children-health/index.html



UNICEF: www.childmortality.org

Healthy Newborn Network:

http://www.healthynewbornnetwork.org/page/newborn-numbers



INDEPTH: http://www.indepth-network.org/





EVERY NEWBORN

An Action Plan To End Preventable Deaths

Care for all mothers and newborns:

Measuring coverage and content of care

Dr Agbessi Amouzou









Indicators to track progress of Every Newborn Action Plan

Current Status		Core ENAP Indicators	Additional indicators	
Definitions clear but quantity and consistency of data lacking	Impact	 Maternal mortality ratio Stillbirth rate Neonatal mortality rate 	Intrapartum stillbirth rate Low birth weight rate Preterm birth rate Small for gestational age Neonatal morbidity rates Disability after neonatal conditions	
Contact point definitions clear but data on content of care are lacking	Coverage: Care for All Mothers and Newborns	 4. Skilled attendant at birth 5. Early postnatal care for mothers and babies 6. Essential newborn care (tracer is early breastfeeding) 	Evaluative hreastfeeding up to 6	SIGGEST GAP IS <u>CONTENT</u> OF CARE
Gaps in coverage definitions, and requiring	Coverage: Complications and extra care	 Antenatal corticosteroid use Neonatal resuscitation Kangaroo mother care Treatment of serious neonatal infections 	Caesarean section rate Chlorhexidine cord cleansing	
validation and feasibility testing for HMIS use	Input: Service Delivery Packages for Quality of Care	Care of Small and Sick Newborns Every Mother Every Newborn Quality Initiative with measurable norms and standards		
	Input: Counting	Birth Registration	Death registration, cause of death	

Shaded= Not currently routinely tracked at global level

Bold red= Indicator requiring additional testing to inform consistent measurement

Indicators to be disaggregated by equity such as urban/rural, income, and education

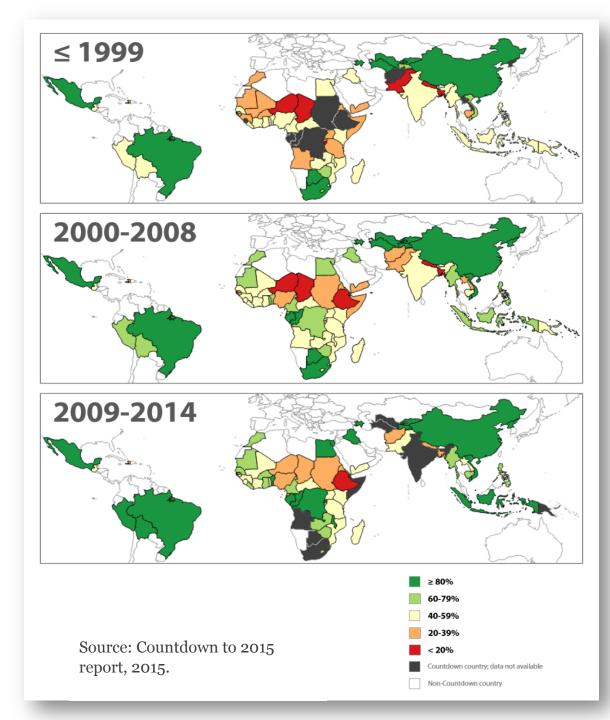
Adapted from WHO and UNICEF, Every Newborn Action Plan. WHO, 2014. www.everynewborn.org and Mason et al Lancet 2014

Outline

- What is the status for these coverage indicators?
 - Skilled attendance
 - Postnatal care
- What are data gaps?
- What to do to improve the data?

Skilled attendance coverage data

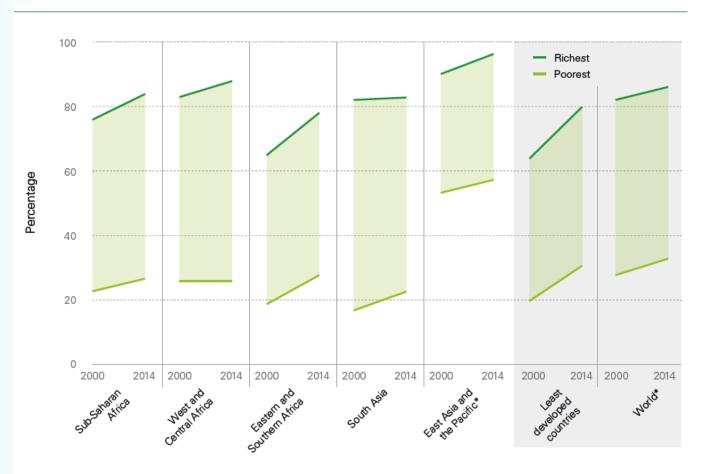
- Data for coverage has increased substantially since 2000
- Coverage levels have also improved across countries
 - In Countdown countries, median coverage increased from 55% to 65% from 2000-08 to 2009-14



Skilled attendance coverage data

Women from the richest households are almost three times more likely to deliver with skilled health personnel as those from poorest

Percentage of birth attended by skilled health personnel, by region and household wealth quintiles, around 2000 and around 2014

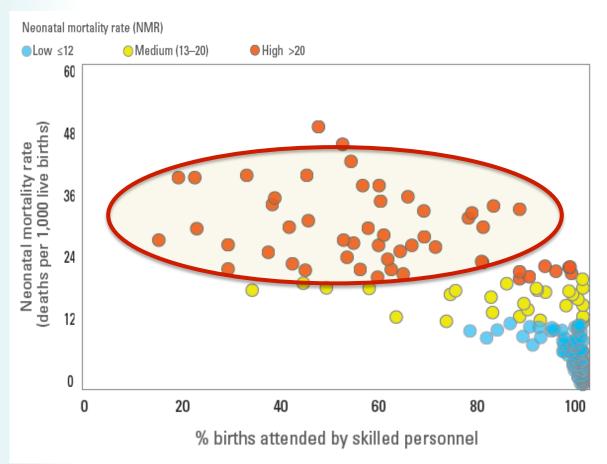


Note: *Excluding China.

Source: UNICEF. 2015. Progress for Children. Beyond averages: learning from the MDGs

Skilled attendance coverage data

Higher % of birth attended by skilled personnel is associated with lower neonatal mortality rate but there is a great deal of variability, especially at NMR>20



Source: UNICEF. 2015. Committing to Child Survival: A promise Renewed. Progress report 2015

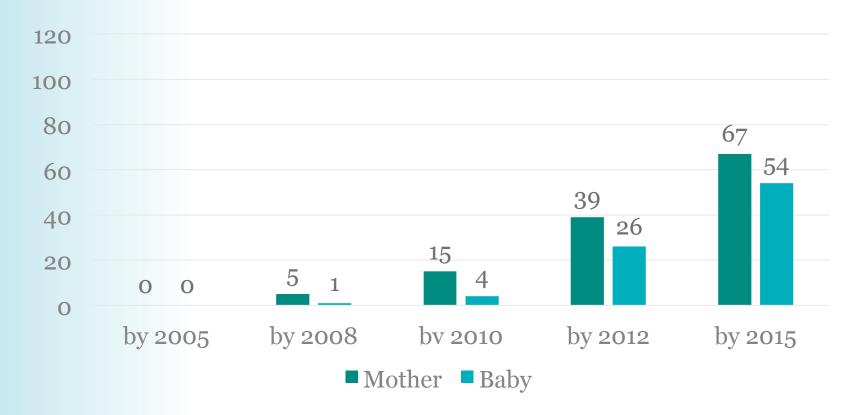
Skilled birth attendance: measurement challenges

- WHO definition is clear, but application in national policy is variable between countries and over time as cadres change
- Specific challenges in household surveys:
 - Validity of respondent's response on birth attendant is questionable
 - Response categories in survey questionnaires are not consistent over time
 - Preliminary work in Kenya and Mexico suggests women tend to overestimate qualification of provider (Blanc et al, 2015)
 - Respondents are more likely to report accurately providers that are most common in the setting

While the coverage indicator and especially trends have challenges, the biggest measurement challenges are regarding CONTENT or QUALITY

Survey data on Postnatal health checks has become increasingly available in LMIC

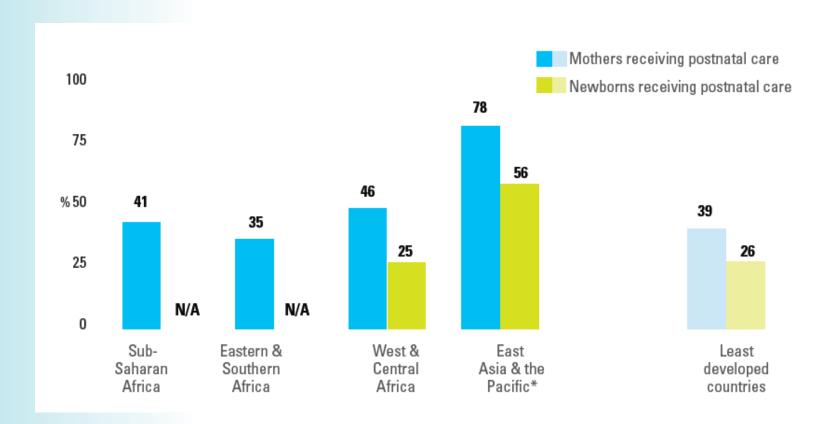
Number of countries with data on PNC for mother and newborn from DHS and MICS in LMIC over time



Source: UNICEF's global databases, 2015

Postnatal health check coverage data

Percentage of mothers and newborns with a postnatal health check within two days of delivery, 2010-2015

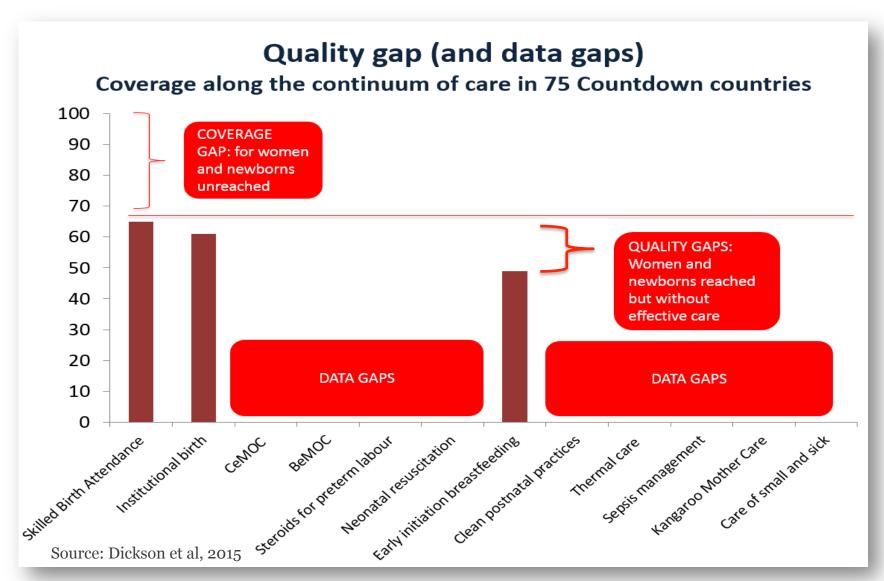


Source: UNICEF. 2015. Committing to Child Survival: A promise Renewed. Progress report 2015

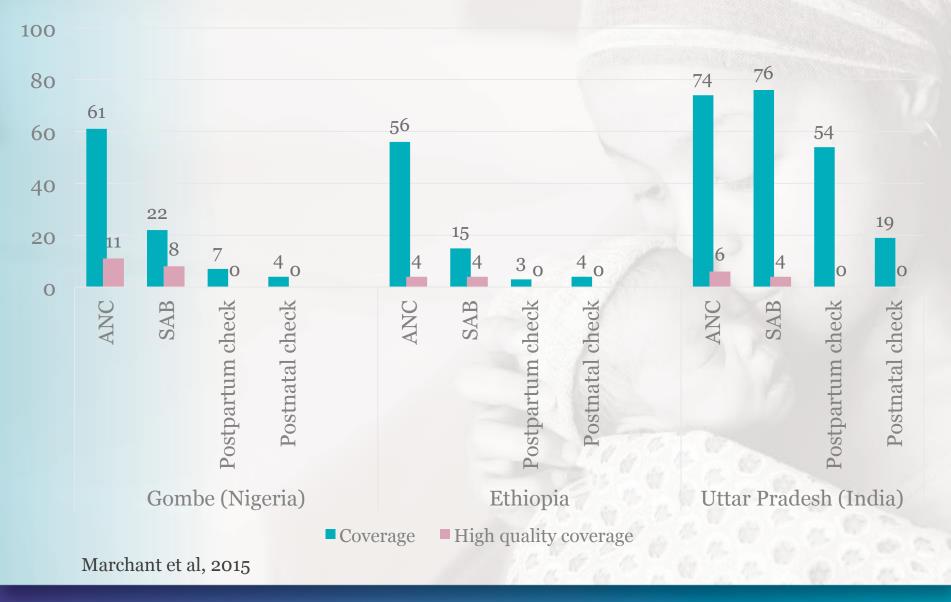
Postnatal care: measurement challenges

- Postnatal care indicator is complex
 - Need to distinguish place of birth, birth attendant, and postnatal visit
- Survey questions have changed overtime and are not consistent across survey programs
 - New modules in MICS and DHS aim at similar indicators but are structured differently
- Validity of survey responses is yet to be ascertained
 - Wording of health check questions now incorporates explanation of what is meant by health check to improve accuracy of responses
- MICS data on PNC are becoming available and will allow further quality assessment and analysis

Quality and Data gaps



Quality gap: Linking Content to Contact – Subnational Analysis



QUALITY gap for facility births





Could save 2 million lives a year by closing this quality gap for births already in facilities

Critical need for data to inform and track action

Source: Lancet Every Newborn series, paper 3 and 4

Improving data for coverage and content of care

- Need more systematic research on measurement of content and quality of care linked to coverage
 - Validation of content of intrapartum and postnatal care questions from surveys (ICM)
 - Linking household surveys to health facilities may provide promising avenue
 - Improving Coverage Measurement group's work
 - IDEAS' work coverage-quality gap
 - Promising avenues with GIS mapping with linkages between facility surveys and DHS/MICS
 - Some INDEPTH now have individually data linked for household and facility based services and these very rich data sources could be invaluable
- ENAP metrics doing validation/testing of facility based indicators
- MICS planning further field testing of essential newborn care and postnatal content care questions
- UNICEF and WHO are currently collaboration to harmonize maternal health indicators databases with specific focus on definition
- More collaboration and common protocols would help make faster progress together