

Learning more about the “N” in EmONC assessments: A review of newborn resuscitation findings across 5 African countries

Almamy Malick Kante

Dahada El Joud

Ghislaine Ouedraogo-Ametchie

Wasihun Gobezie

Emily Keyes

Patsy Bailey

October 2015, Mexico City

Background

- Rapid decline of under-5 mortality rates in SSA
- However, limited improvement for neonates
- Most of newborn deaths can be averted if
 - Health intervention reach 90 percent of households
 - Health facilities are well equipped and supplied
- Increase of health facility delivery in most sub-Saharan countries but still limited impact on Newborn health

Aims

- To report about the readiness of facility health to provide EmoNC services and
- To assess knowledge and practices of facility health workers on Newborn care and Newborn resuscitation
- To analyze the relationship between health workers' knowledge and training on Newborn resuscitation and level of mortality

EmONC: Emergency Obstetric and Newborn care Assessment

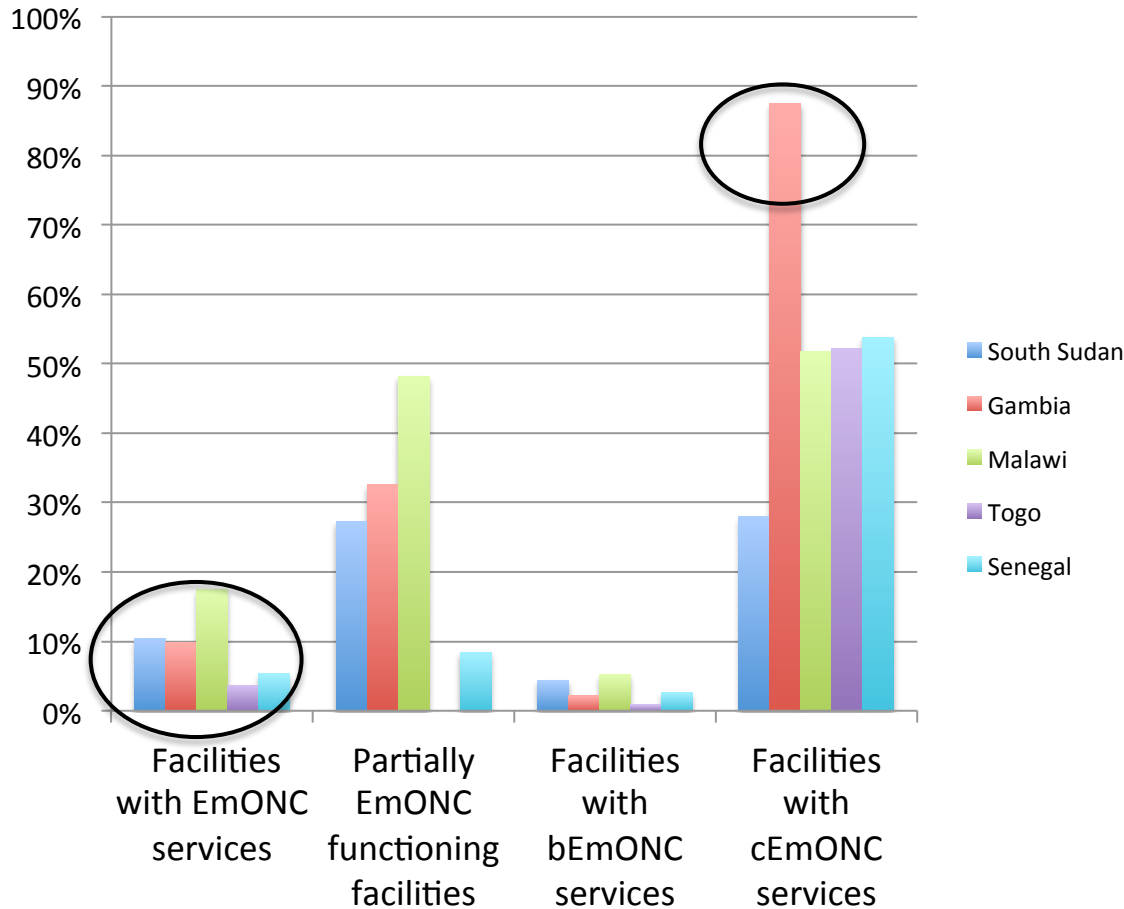
- Series of National surveys in Developing countries at all facilities providing delivery services in general
- Objectives
 - To provide baseline data for monitoring national & district strategies toward the attainment of MDGs 4 & 5
 - To guide policy, planning, and prioritization to strengthen the health system using EmONC as entry point

Method

- Analyze reports from 5 countries that have completed an EmONC in the last 5 years.
 - Malawi (2014)
 - South Sudan (2013)
 - Senegal (2013)
 - Gambia (2012)
 - Togo (2012)
- Extraction of information related to EmONC services, newborn resuscitation and newborn care, and intra-partum and very early neonatal mortality (within the 24hours after delivery)

Results
presented in term of graph by
countries

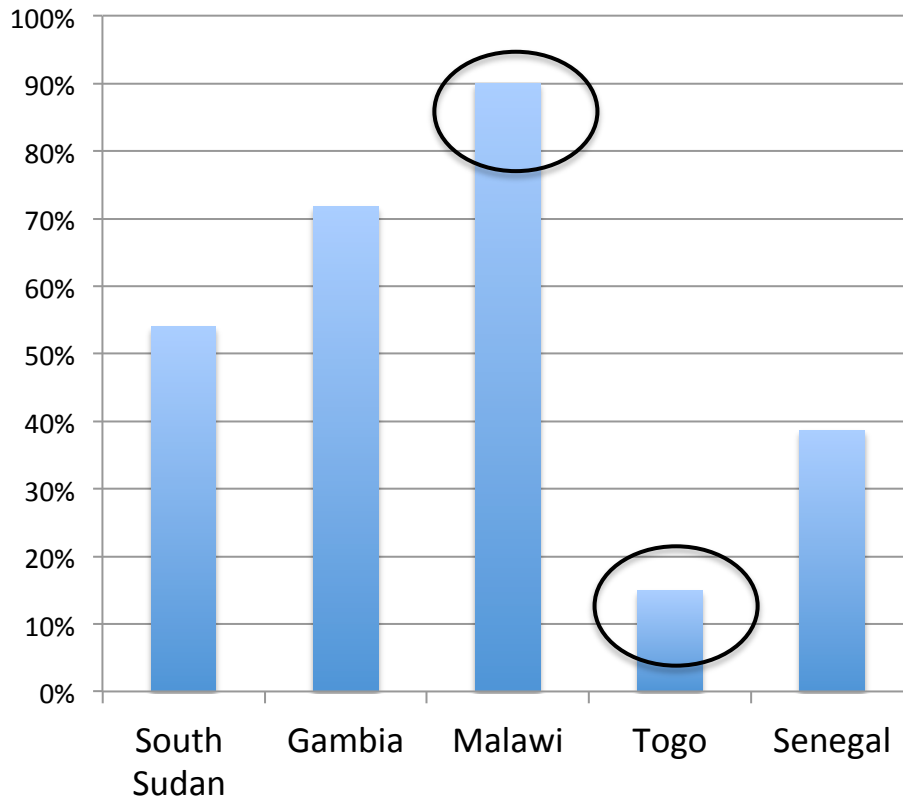
Health facility providing EmONC



- Less than 20 percent of facility were ready to provide EmONC services
- Gambia: 90 percent of hospitals equipped with CEmONC

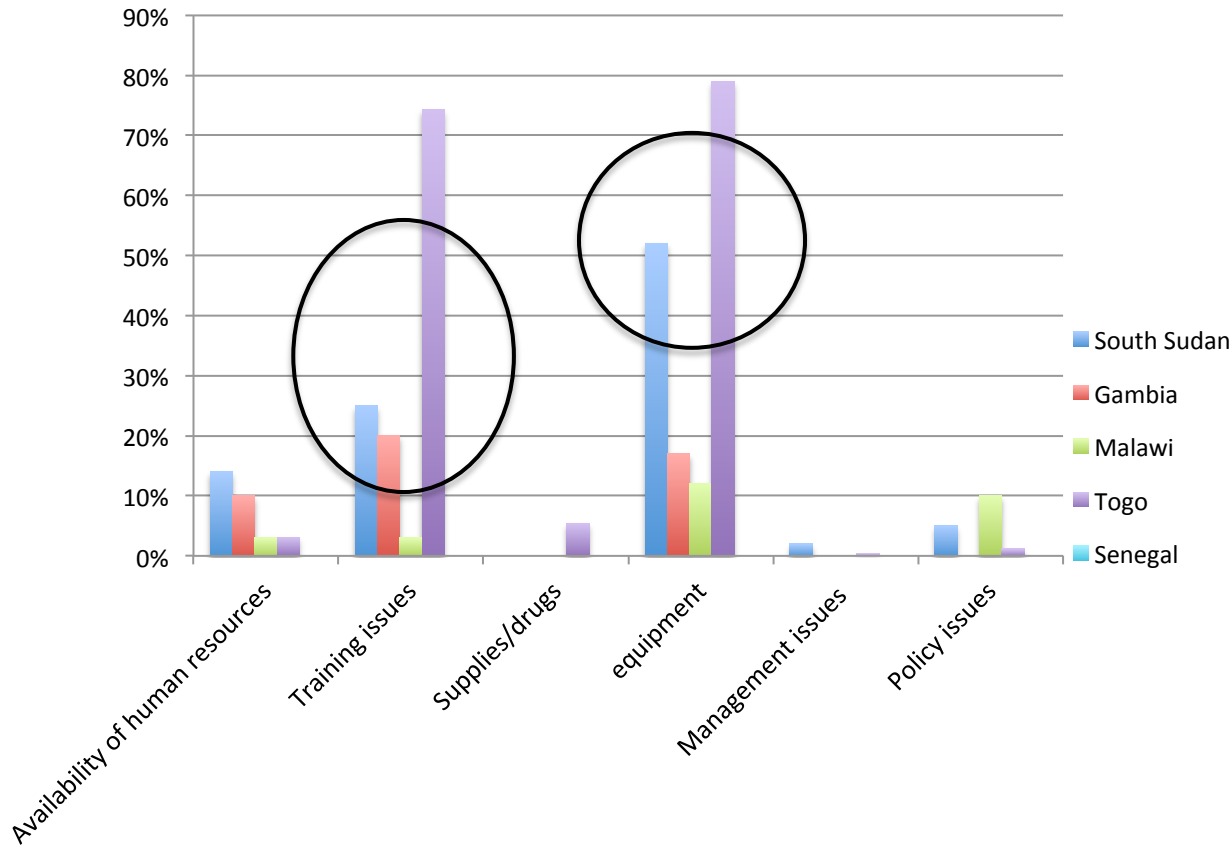
Health facility providing Newborn resuscitation (percent)

% Facilities performed NR in last 3 months



- 90 percent of facilities in Malawi provided NR and only 15 percent of facility in Togo

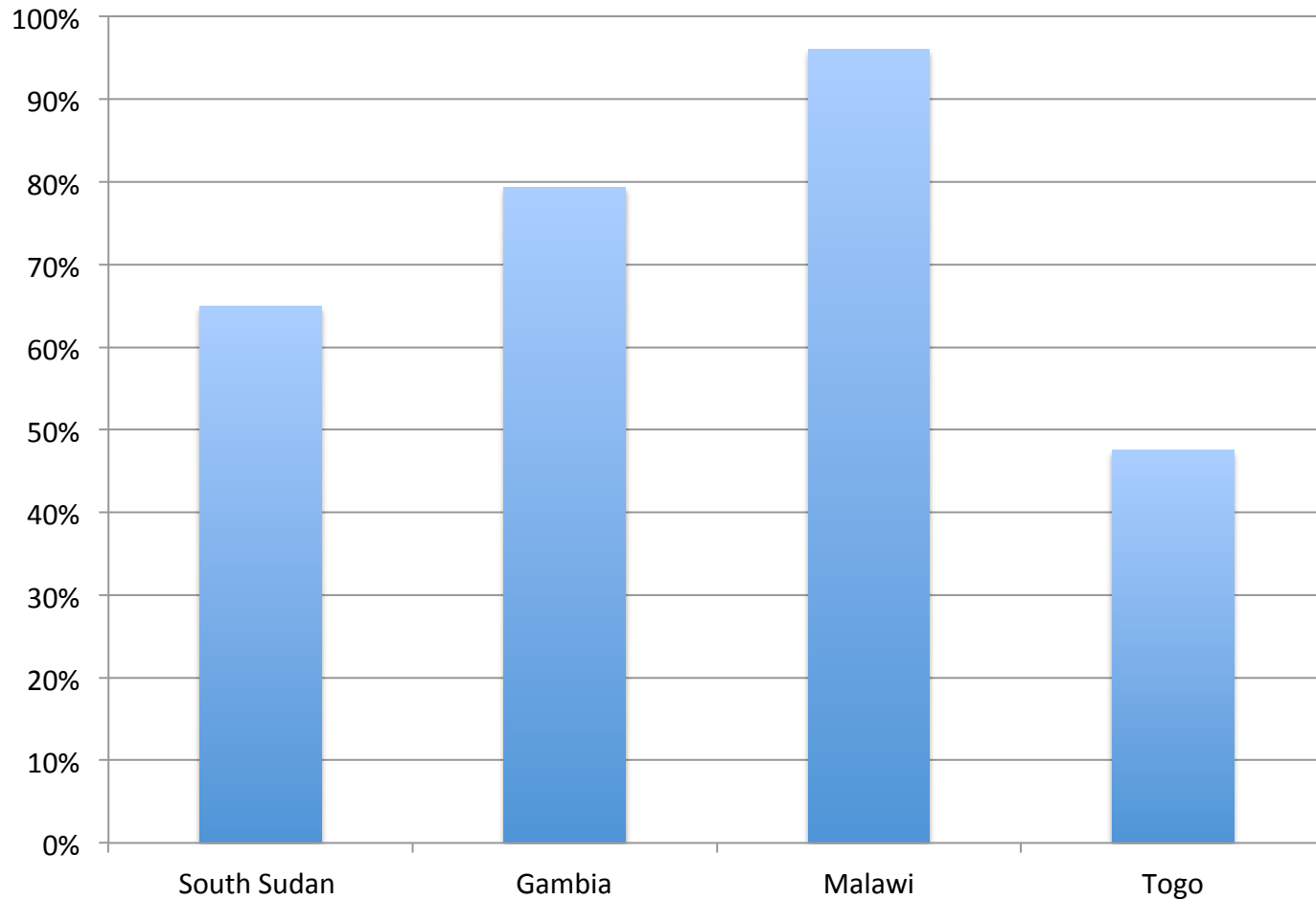
Reasons for not providing Newborn resuscitation (percent)



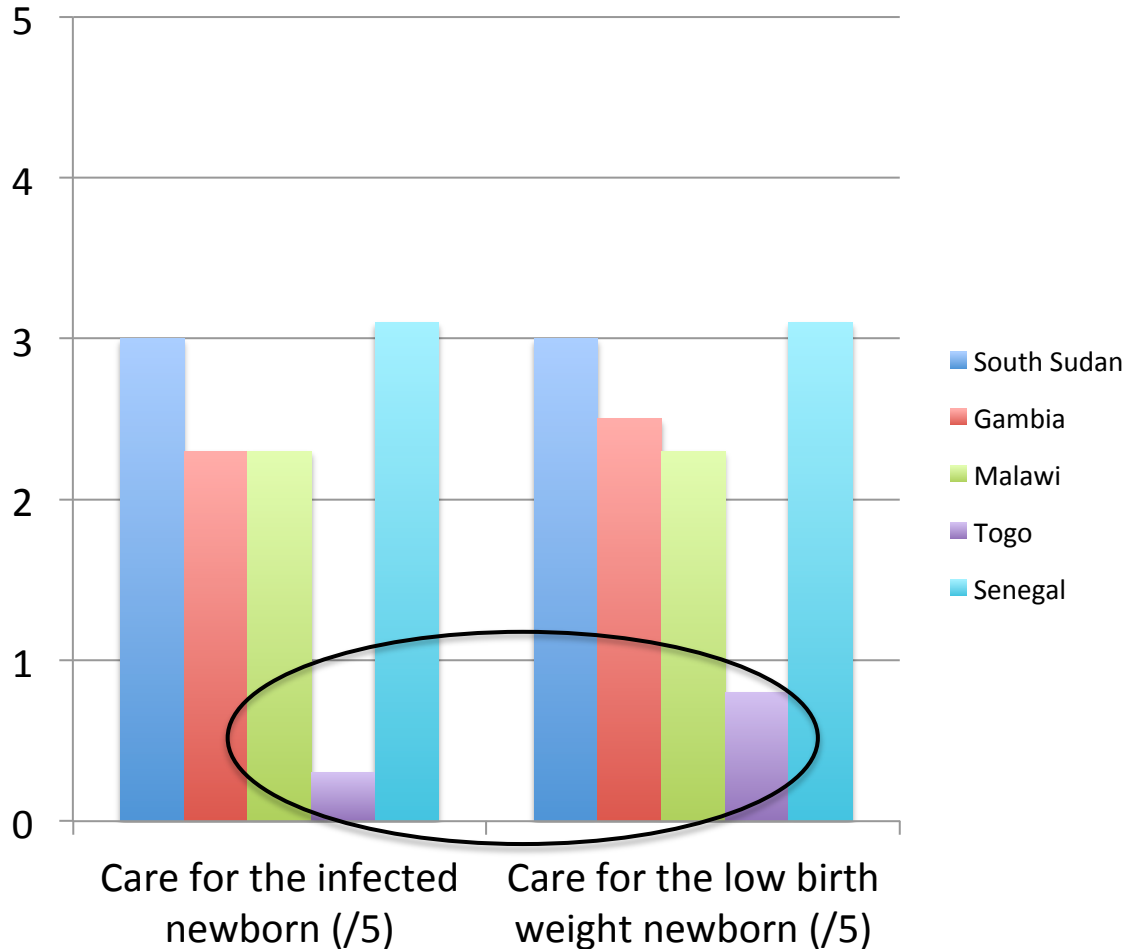
- Training and Equipment are recurrent issues for not providing NR

Availability of facilities 24/7

% Facilities with HR available 24/7

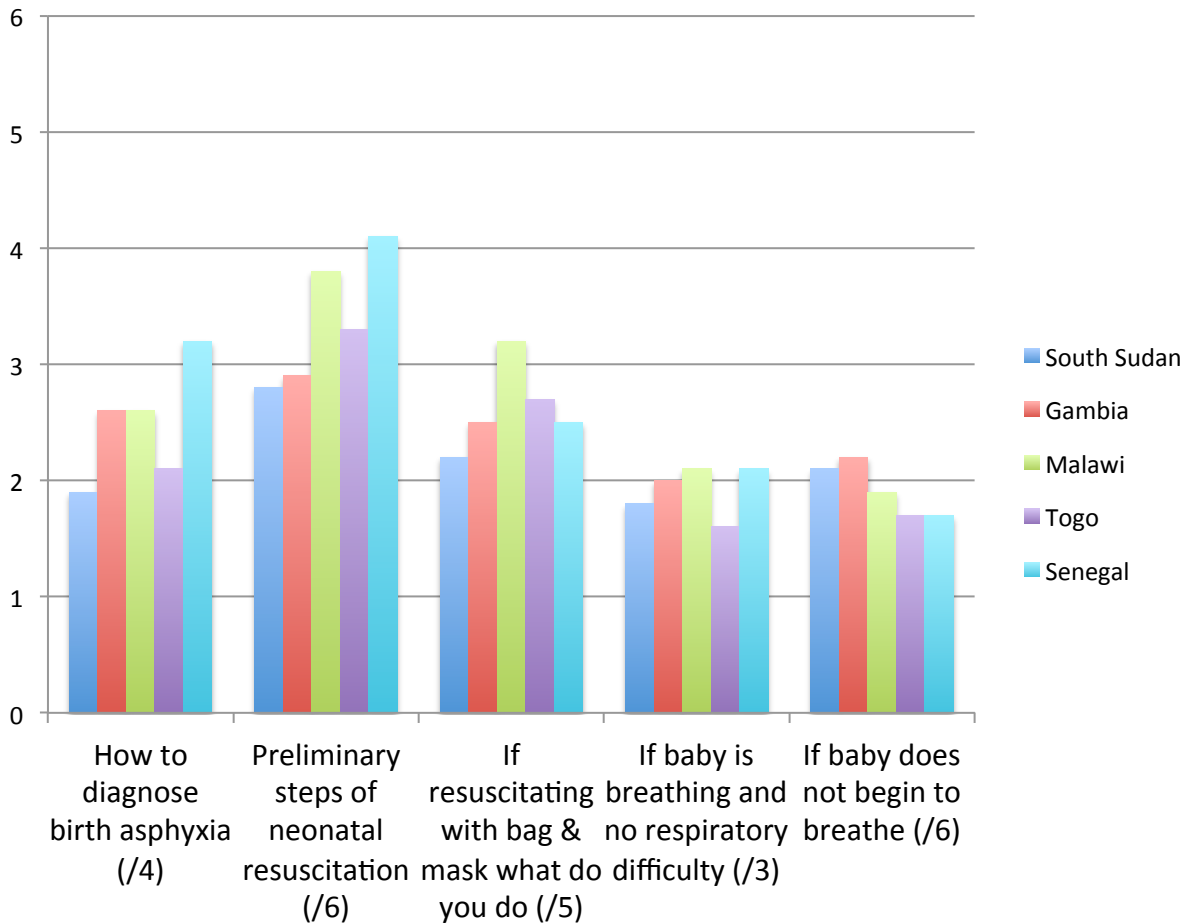


Knowledge newborn care (score)



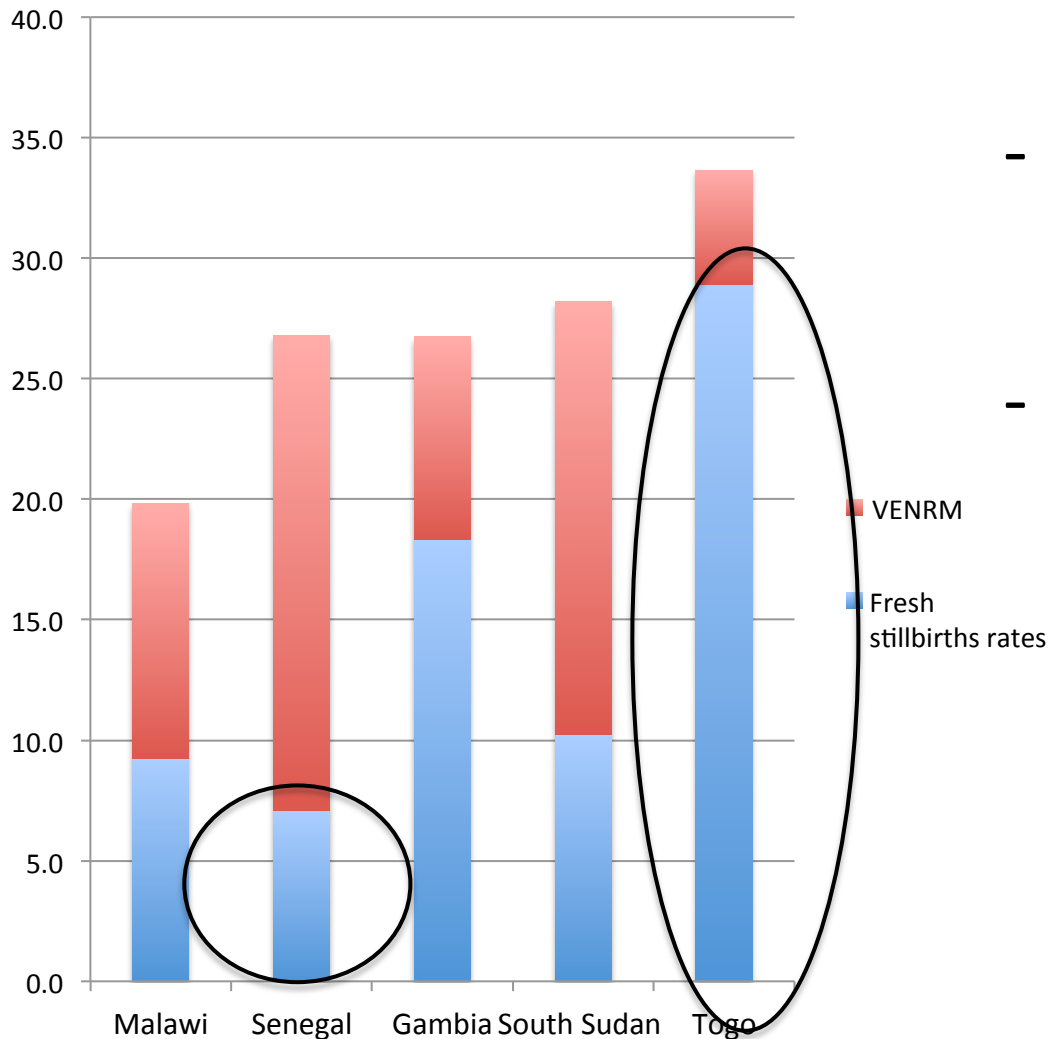
- Overall health workers have moderate knowledge of newborn care.
- Togo had the lowest knowledge on care for infected newborn and low birth weight newborn

Knowledge newborn resuscitation (score)



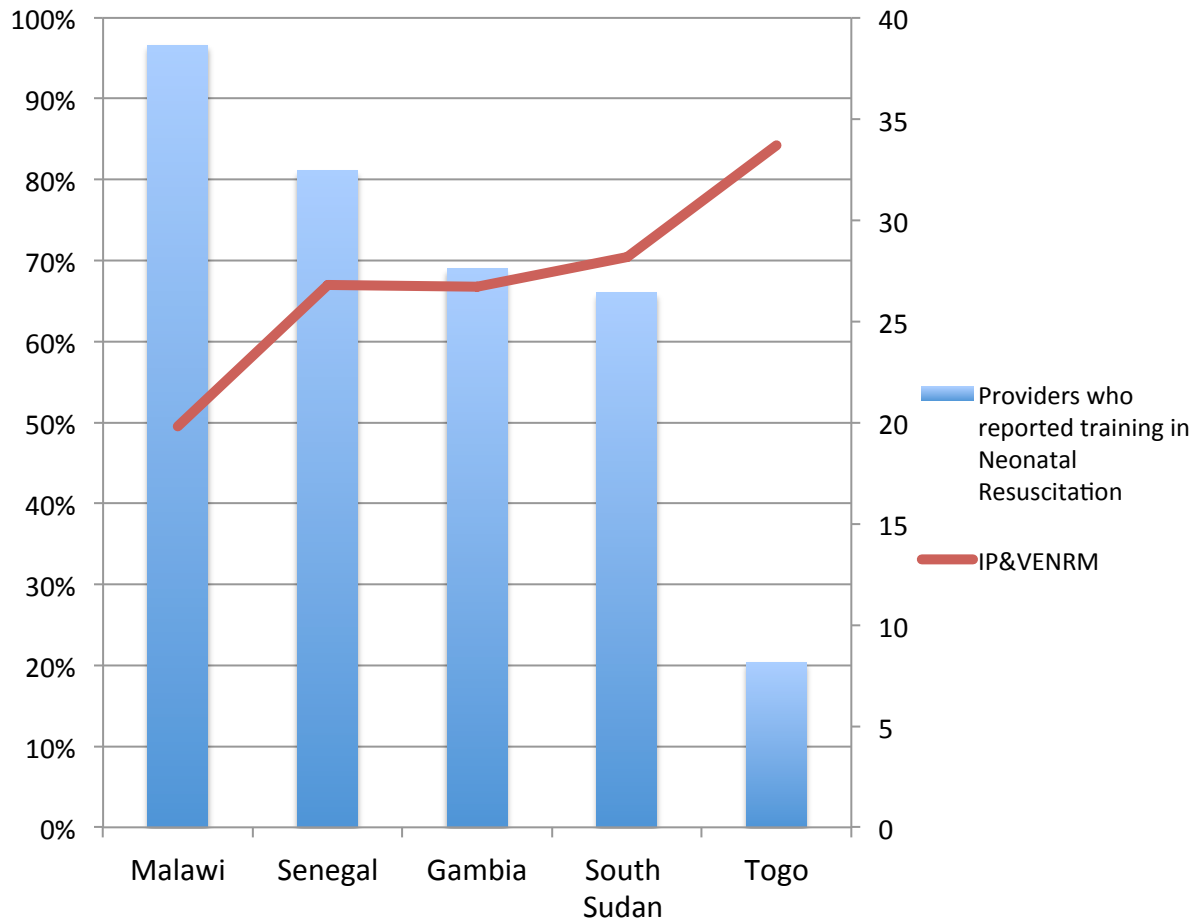
- Overall health workers have moderate knowledge of newborn resuscitation.

Intra-partum and very early neonatal mortality rates (IP&VENMR) (per 1000)



- The lowest mortality rates is registered in Malawi
- High mortality rates in Togo due to high fresh stillbirth as compared to Senegal and South Sudan where the high fresh stillbirth is low.

Relationship between Provider training and IP&VENMR



As percent of provided trained decreases, the intra-partum and very early neonatal mortality rates increases

Discussion (1)

- Variation between countries in term of facilities providing EmONC
 - However, the percent of facility providing EmONC services less than 20%
 - Malawi: 90% of facility provided NR while only 15% in Togo
 - Reason for not providing NR where lack of training and equipment

Discussion (2)

- Variation between countries in terms of health workers knowledge on newborn care and resuscitation
 - Immediate newborn care in general moderate in other countries and low in Togo
 - Care for infected newborn and low birth weight newborn still low in Togo (1/5)

Discussion (3)

- Variation between countries in term of intra-partum and very early neonatal mortality
 - High in Togo (33.7/1000) and moderate in Malawi (19.8/1000).
 - ➔ relationship between providers training on NR and mortality
- Limitation
 - Analysis based only on reports
 - However, EmONC have big potentiality but need more data analysis for example to develop models to understand how facility capability and workers knowledge and practices impact of intra-partum and very early neonatal mortality