



**Childbirth
in Uganda: Stories from
women and health workers**



Save the Children

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Stories in context

Every day, 15 women die in Uganda from pregnancy and childbirth-related causes, 94 babies are stillborn and 81 newborn babies die. This equates to 69,570¹ deaths each year due to complications during pregnancy, childbirth and in the first month.

Many of these deaths are from causes that are largely preventable, with mothers' deaths caused by four major factors – haemorrhage/bleeding, hypertension, unsafe abortions and sepsis. Babies die mainly due to complications of prematurity, complications at birth and neonatal infections.

It is a fact that the presence of a trained health care worker, along with basic medicines such as antiseptics and antibiotics, vital equipment and a clean environment to work in, can save the lives of nearly-born and newborn babies on their first day. However, recent estimates indicate that only 57%² of births in Uganda take place with the support of a skilled health care worker and many health facilities are under-equipped and under-staffed.

This booklet tells 10 stories about birth experiences from the perspectives of women as mothers and health care workers – mostly midwives. Some of these mothers lost their babies during childbirth; others have had a near-miss experience; whereas others have had positive outcomes and the babies survived without complications.

The stories from the health care workers reflect their passion and dedication to caring for and supporting mothers and newborn babies. Their stories describe the situations within which they work, and indicate some of the challenges to providing quality and respectful care.

This compilation gives a human face to the issues surrounding newborn and maternal health in Uganda. The aim of this booklet is to better understand the perspectives both of mothers and health care workers.

To stop women and babies dying unnecessarily during labour, birth and the first day and week of life, key changes in the delivery of basic healthcare are urgently needed. The Government of Uganda has committed to end preventable maternal and newborn deaths by 2030 as part of the Sustainable Development Goals and through their endorsement of the Every Newborn Action Plan at the World Health Assembly in 2014.

We must amplify the voices of women – as mothers and midwives – to speak louder for Uganda's newborn babies and their own rights in order to hold Government, donors and others accountable to their commitments.



Ithungu (right) tends to a newborn.

Photo: Nicholas Kajoba/Save the Children.

Midwifery: Improving the quality of services for mothers and babies

“Mothers believe in us. We are like their next of kin when they are going through the excruciating pains of labour. So we should try and give that love back; we should support mothers and help them have safe deliveries,” says Mary Ithungu.

Ithungu, 34, is a registered midwife and in charge of the maternity section at Karugutu Health Centre IV, Ntoroko district, Western Uganda. She started working as a midwife in 2004. “Nobody forced me to become a midwife. I joined the profession willingly and so I love my work. I am proud of being a midwife and perform my duties with diligence.”

On a typical day, Ithungu supervises midwives, assists mothers in labour and also tends to mothers who come for antenatal care.

“There are nine midwives under my supervision. The midwives work on a rotational basis and the work load sometimes gets heavy, especially during night shifts when there are two midwives on duty. For instance, we can have as many as ten mothers in different stages of labour during one night. I also

have to follow up the schedules of the midwives, check the duty and status reports and respond to any problems that might arise in the maternity ward. I can't leave mothers on their own even when I am tired so I have to endure the long day until mothers that need my care have all been helped.”

Mary has dealt with some tough cases but her most challenging was a mother who had a history of seizures.

“I was managing high blood pressure in a mother who was in the last stages of labour, when she started convulsing. The mother had been referred from another hospital but we did not have her full history. I was alone in the labour ward with no medical officer to handle such an emergency. I did not know which drugs to give the convulsing mother and yet I knew that labour needed to progress as well if the baby was to survive,” Ithungu says. “I remembered that I had a clinical notebook somewhere in the ward, so I sent for it, quickly flipping through for guidance on how to handle the case. I became a midwife, clinician and Medical Officer at that moment in order to save the mother's life.”

“I identified medicine that I gave the mother, and she stabilized. I monitored her till morning

when the medical officer came in. She was then transferred to theatre and successfully underwent a caesarean section.”

In addition to providing clinical care at the health facility, Mary also tries to advert negative traditional birth practices by educating families and Traditional Birth Attendants (TBAs).

“Some mothers go to TBAs and spend a long time there, only deciding to go to hospital when complications occur. Often it is too late to save the mother and baby. However, we are talking to the TBAs and encouraging them to transfer mothers immediately to hospital instead of monitoring them from home. Another challenge is mothers-in-law who don’t want their daughters-in-law to deliver from hospital,” she says.

“Karugutu Health Centre IV is now busier than ever. We receive about 160 mothers in the antenatal classes and undertake about 100 deliveries every month. I attribute this increase in numbers to the improvement in the quality of services provided by the health centre, with support from the district health office and development partners.”

I became a midwife, clinician and medical officer at that moment in order to save the mother’s life.”



Photo: Nicholas Kajoba/Save the Children.



Aromo with one of her children who survived childbirth.

Photo: Nicholas Kajoba/Save the Children.

Mother's perspective: Care for babies at birth can save lives

My name is Grace Aromo. I am 29 years old and come from Gulu district. I have given birth to seven children, but only four are alive.

The first baby died in the year 2014. Labour started very late at night and a relative accompanied me to a health centre within the village. We found the midwife asleep and had to wake her up. However, she did not give me much support; in fact she left me in the hands of my attendant because she said 'she had things to do'. She went away for some time and by the time she returned, I had already given birth.

There had been no cry when the baby came out, so I am not sure if it died before birth or afterwards. When the midwife came in and examined the baby, she told me that my baby was already dead. She then cut its cord and informed me that since it was late, I would go home the next day.

In 2014 and 2015, I lost two more babies, the last having been born prematurely at seven months and dying shortly after birth.

In late 2015, I became pregnant again. I was anxious and fearful of losing the baby. I spent five hours in labour. The nurses told me that the cord was around my baby's neck and I was quite weak. I do not remember anything during the time just before my baby was born.

After giving birth, I saw many people around me. I also saw the midwife holding my baby and putting something over its nose and mouth. I thought the baby had died just like the others. But then it cried! I could not believe it. The midwife handed it to me and asked me to breastfeed him. Imagine a live baby after three dead ones! I was so happy, I couldn't believe that I was holding my baby in my arms, a baby boy.

I got very good care at that health centre (Pabwo). My baby also received good care, and I am grateful to the nurses and midwife that tended to us.

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Born to be a midwife, Sister Eva Nangalo does what she knows best as she chats with a mother in the labour ward

Photo: Nicholas Kajoba/Save the Children.

Midwifery: Saving mothers and babies has its challenges

My name is Eva Nangalo and I am 37 years old. For the last 12 years, I have worked in a district hospital as a registered midwife. I have witnessed hundreds of healthy and happy deliveries, yet I have also seen many mothers and babies die.

The tragic death of a mother or baby ruins the joyful event of birth and is more vividly remembered by health workers and families. One such case was of a mother of eight children, who had undergone a caesarean section less than one and a half years earlier while delivering her eighth baby.

I had misgivings about her ability to deliver this baby normally, but when I consulted the doctor he comforted me, saying the previous six births had been normal deliveries so the mother would make it. She didn't – she lost a lot of blood because of a ruptured uterus. As she took her last breath, she looked into my eyes and mournfully cried, "Midwife, my children, my children..." That incident lives with me to this day.

Another incident I remember is of a mother called Berna, who came into the labour ward after visiting a Traditional Birth Attendant (TBA) to induce labour with local herbs. The mother was in a lot of pain

and bleeding, so the doctor quickly decided to undertake a caesarean section. She had twins, who were premature and not breathing. I grabbed the babies and ran out of the theatre towards the labour ward where our resuscitation table was, leaving the doctor with the bleeding mother on the operating table. Midway to the labour ward, there was a power cut and with no reliable standby generator, the hospital was engulfed in darkness.

To ensure that I completed my task of resuscitating the babies, I called out to a student midwife to use the 'torch' on my mobile phone to provide light. With no reliable source of power generation, we transferred the babies to a nearby private hospital, which had a standby generator. Since the hospital ambulance did not have fuel, the babies had to be transferred on a boda boda (motorcycle) by their father. Fortunately, the mother survived, even though she had lost a lot of blood and was quite weak. Two days later she joined her babies in the private hospital and all survived.

Many such challenges make my job difficult. We also face frequent stock-outs of essential drugs, power outages and lack of the necessary equipment to assist mothers and newborns during delivery and afterwards.

In spite of all these challenges, I cannot leave this job. I was born a midwife. I have to be there for the mothers who come to the hospital. I need to provide them and their babies with love, care and support.

However, even the hospital ambulance did not have fuel and the babies had to be transferred on a boda boda (motorcycle) by their father. Fortunately, although the mother had lost a lot of blood and was quite weak, she survived the ordeal and was transferred two days later to join her babies in the nearby hospital.

The hospital still does not have an ultra sound machine. The other challenges we face are frequent stock-outs of essential drugs, power outages and the lack of the necessary equipment to assist mothers and newborns during delivery and afterwards.

In spite of all these challenges, I cannot leave this job. I was born a midwife. I have to be there for the mothers who come to the hospital in a lot of pain. I need to provide them with love, care and support.

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Sr. Nangalo checks on a newborn
in Nakaseke hospital.

Photo: Nicholas Kajoba/Save the Children.



Mwajuma is now better equipped to handle newborn babies.

Photo: Nicholas Kajoba/Save the Children.

Midwifery: Empowering midwives with training and equipment saves lives

Biferamunda Mwajuma is the only midwife at a health center III in Kasese district. “When I am off duty, the nurses have to refer mothers to other health facilities, especially if they anticipate complications,” she says.

One of Mwajuma’s most challenging experiences was when she helped deliver a baby and noticed meconium (the earliest stool of an infant), which is normally retained until after birth.

“The baby was showing signs of respiratory distress, and I had to aspirate (suck out) the meconium from its nose and mouth.” But because of the lack of equipment, Mwajuma had to use her own handkerchief to separate her mouth from the baby’s mouth and manually aspirate the baby. “At that time I was like a traditional birth attendant, who lacks the necessary equipment to help a mother safely deliver her baby,” she says.

In 2015 Save the Children invited Mwajuma to midwifery training. Before the training, she said, she would help deliver a

baby, clamp and cut the cord, and hand the baby over to the mother. “However, after the training I learned the importance of ensuring that the baby is breathing well before undertaking any other task.” Trainees were also provided with delivery kits, resuscitation equipment, suction bulbs, and penguin suckers. With the training and new equipment, Mwajuma does not have to use her handkerchief to cover her own mouth as she resuscitates babies.

Mwajuma’s new skills were put to the test in 2015. A mother in the second stage of labour came to the health centre. When Mwajuma noted that the foetal heartbeat was weak, she considered referring the mother to the hospital, but there was no available transport. As the baby’s heartbeat grew weaker, she made the decision to assist the mother to deliver.


“But when she was finally ready to give birth, the lights went out,” Mwajuma says.

Mwajuma shouted for somebody to shine a flashlight so she could see what she was doing. “I quickly cut the baby’s cord and carried it to the resuscitation corner for cleaning. Then I noticed that the fluids had meconium... and I also noted that the baby was not crying. I had to work very fast,

trying to stimulate the baby while drying it at the same time. However, it was not responding, so I quickly took it to the ventilation area to clear its airway. I believe I did the drying, stimulation, and resuscitation in the first minute. I finally managed to clear the airway, and the baby let out its first cry. It was the first baby I delivered after Save the Children's training and I was thankful that the training had come at the right time."

Even though Mwajuma remains the only midwife at the health centre, she is now better equipped and trained to save newborns.

At that time I was like a traditional birth attendant, who lacks the necessary equipment to help a mother safely deliver her baby



A nurse clears a newborn's airways using a penguin sucker.

Photo: Fabrice Palacio/Save the Children.



Luninze deep in thought as she carries Aksam.

Photo: Nicholas Kajoba/Save the Children.

Mother's perspective: Prolonged labour affected my baby

The first impression of 32-year-old Mariam Lunize, a mother of five in Nakaseke district, is of a soft-spoken, private woman with a sad faraway look on her face. The reason for Luninze's forlorn look becomes obvious when she presents her twenty six (26)-month-old baby, Aksam Sematimba. A first glance at the baby doesn't reveal much apart from a handsome baby boy tightly wrapped in a warm pair of sheets. A closer look, however, reveals that the baby looks younger (about eight months old) than his twenty six months, as is evidenced by the set of fully developed teeth in his mouth.

The baby, whose head appears much bigger than his torso, has stiff tiny limbs, and has problems with body movement and posture. Indeed he has never been able to 'sit unaided, eat solid food, turn his head, roll over onto his side or even play like a two year-old child,' as Luninze says.

"He spends the day sleeping or lying down in one position, doesn't feed well and rarely cries or expresses himself. He only feeds on liquids," she adds.

Luninze says she had a regular pregnancy with no incident or accident, attended the four recommended antenatal visits, followed the doctor's advice on nutrition and health and even took the necessary supplements given to pregnant women for the health of their unborn babies.

"I went to hospital in time and received the best possible care from the doctors and midwives. However, I spent a long time in labour," she says.

On delivery, Luninze could tell that there was something wrong with her baby. "He could hardly cry or feed. The doctors soon confirmed that my baby had been born 'tired' and that he needed specialised care. I was later referred to a private hospital, where they thought I could get the necessary specialised care for him," she says.

However, Luninze and her husband have not sought this care. "We cannot afford it," she explains.

We get to meet Luninze's youngest baby, a one-year-old, when she returns from visiting the neighbours. As the baby totters home and runs to her mother's arms, we are able to see that she is bigger than Aksam and perhaps if put side by side, one would assume

she was older than him. Luninze reveals that the baby was born through a caesarean section because she was a big baby, weighing 5.3 kg at birth.

Luninze's life has certainly been affected by baby Aksam's condition. "I cannot leave home for any reason, I cannot go to the market... because there is no one to leave Aksam with. He needs a lot of care especially since he cannot move or express himself. I have to think for him ... 'Is he hungry, is he cold, is he tired of lying in one position?'"

Health worker perspective: Listen to our advice

Doctors and midwives know that prolonged labour can result in long term disability and even death of the baby. Sister Eva Nangalo, one of the midwives who attended to Luninze in hospital, says a caesarean section was recommended when labour did not progress as expected but Luninze declined the intervention.

Nangalo says, "The patient stated that she had given birth to her first baby normally and believed that the same would happen for this baby, too. We waited until she was ready to give birth normally, by which time it was too late."

A caesarean section was recommended when labour did not progress as expected but Luninze declined the intervention.



Luninze cradles her healthy daughter, who is younger than Aksam.

Photo: Nicholas Kajoba/Save the Children.



Bamunoba gears up for work.

Photo/Nicholas Kajoba/Save the Children.

Community involvement in transportation of pregnant mothers

In 2015, Ntoroko district ran an announcement on a community radio to encourage suitable cyclists to become ambulance riders: "Riders that are courageous, friendly and do not take alcohol are needed to ride motorcycle ambulances. Interested applicants should possess at least a Senior Four education certificate." the announcement said.

The motorcycle ambulance was an innovation that had been introduced by Save the Children's Korea Innovative Maternal and Child Health Initiative (KIMCHI), working in partnership with the district.

When Abraham Bihuko and Constantine Bamunoba heard the announcement, they responded and became one of the **boda boda** (motorcycle) riders hired to cover 21 of the 49 sub-counties in the district. The motorcycle ambulances were to support the transportation of expectant mothers from the mountainous areas to health facilities in order to ensure safe deliveries and healthy babies.

"I did not exactly know what the job required but I was happy to help out in my community, especially when I was told that I would be helping to transport pregnant women and children to the hospital," says Bihuko.

The volunteers received training in road safety, record keeping and handling of expectant mothers. Their telephone numbers were circulated in the community.

The job that Bihuko and Bamunoba signed up for is by no means an easy one. The ambulance riders have to transport mothers to the health centers even in the wee hours of the morning and sometimes in bad weather.

"When a mother needs to go to hospital because she is in labour, I cannot make her wait because it is raining. I have to bear the cold and rain for her sake," says Bamunoba.


The riders have records showing the number of mothers and children they have helped transport to health facilities since they received the motorcycle ambulances. In one month, the records show that Bihuko transported 31 expectant mothers to Karugutu Health Centre IV and Kichwamba Health Centre IV, and Bamunoba transported 17

expectant mothers.

Bihuko's records also show that two mothers have given birth in his ambulance. "One time, a mother gave birth in my ambulance but I did not have gloves. However, in the training by Save the Children, we had been told that in case a mother gave birth in the ambulance, we were not to cut the umbilical cord or even let the mother's attendant cut it. We had been trained to cover the baby properly with warm clothing and then rush to hospital where the umbilical cord would be cut by the nurses. I now ensure that I always have gloves in my ambulance," he says.

Both men agree that the motorcycle ambulances have made a substantial contribution to the health of mothers and newborn babies in the district.

"Mothers are safer now and can call us at any time. Women used to die in the villages because they did not have transport to the hospitals but many more are going to the hospitals using the motorcycle ambulances which are free of charge," says Bamunoba.



Motorcycle ambulances have made a substantial contribution to the health of mothers and newborn babies in the district.



Photo: Nicholas Kajoba/Save the Children.



Muhendo, holding her new baby, remembers the trauma of losing her first baby

Photo: Nicholas Kajoba/Save the Children.

A mother's perspective: Mothers need to know what is going on

My name is Dezange Muhendo and I am 20 years old. I stay in Kasese district. I dropped out of school in primary four because my father was not able to pay the school fees. When I was 18 years old, I met my husband and later became pregnant with our first baby.

On the day of his birth, I was not able to immediately seek medical assistance since our home was quite far from the health centre and transport was difficult to find. My husband eventually found a motorcycle to take us to the health centre. Labour was progressing slowly, and eventually the nurse told me that I had to be transferred to a hospital because I was not progressing as well as they had expected.

When I arrived at the district hospital later that night, a midwife examined me and predicted it would be another two hours. She was right, and two hours later, I delivered a baby boy.

But my baby never made a sound. I did not hear him cry. I do not know if he was born dead or alive. I saw the midwife put a tube in his nose and a small mask over his

face but nobody told me anything. Although the midwife didn't say a word, I could read from her facial expression that something was wrong. She remained with the baby for a long time but I think it was too late. There was nothing she could do, my baby had already died.

I think the midwife did her best to help my baby, but she should have told me what was going on.

This experience has shown me that it is important to move nearer to a health centre or hospital during the last days of one's pregnancy, especially if the area faces challenges related to transport. Health centres should also refer complicated cases as soon as possible. Most importantly though, midwives and nurses should communicate properly to mothers and their families during delivery and after, especially if there are concerns.

I think the midwife did her best to help my baby, but she should have told me what was going on.



Photo: Nicholas Kajoba/Save the Children.

Quality midwifery care includes listening to women

“The work has not been without challenges,” recounts Sister Agnes Ijakait as she reflects on one of her most emotional experiences as a midwife – a day when she dealt with the deaths of two mothers. These deaths led to a life-changing lesson – listen to your patients – a lesson that she teaches all midwives under her supervision and even those outside Nakaseke Hospital.

Sister Ijakait finds midwifery very interesting and says that her greatest satisfaction is when a mother comes to hospital to deliver and leaves alive and healthy with a bouncing baby. Ijakait is a senior nursing officer in Nakaseke Hospital, a government hospital located in Nakaseke district and also a mother of two. The hospital serves a catchment area that covers Luweero, Wakiso, Kiboga, Nakaseke and even Kampala district.

Ijakait's career in midwifery, which spans over 28 years, started when she was handpicked for training during the war in Teso region in the late 1980s. She later upgraded to a registered midwife in 1990 and has since undertaken courses in

administration and communication to support her work as a senior midwife and administrator. She has worked in Kamuli Mission, Nsambya and Nakaseke hospitals helping “millions of babies to take their first breath,” as she says.

“The most challenging case in my career happened one morning when there were two emergency cases in the labour ward. One mother had APH (ante-partum haemorrhage or bleeding before birth) while another was having PPH (post-partum haemorrhage or bleeding after birth).


“Both were in a dire situation, so doctors and nurses were running around the labour ward preparing the necessary supplies to stop the bleeding. As I hurried back to the labour ward, I was stopped suddenly in my tracks by a mother pulling at my dress with all her strength, trying to capture my attention. I looked down at her and she whispered, ‘Nurse, I am dying’. Something in the woman's eyes and voice captured my attention. An inner voice told me, ‘You better take a look at this woman’.”

As Ijakait recounts the story, tears well up in her eyes and stream down her face. “I quickly mobilised some nurses to put the woman on a stretcher and wheel her to the labour ward where we discovered

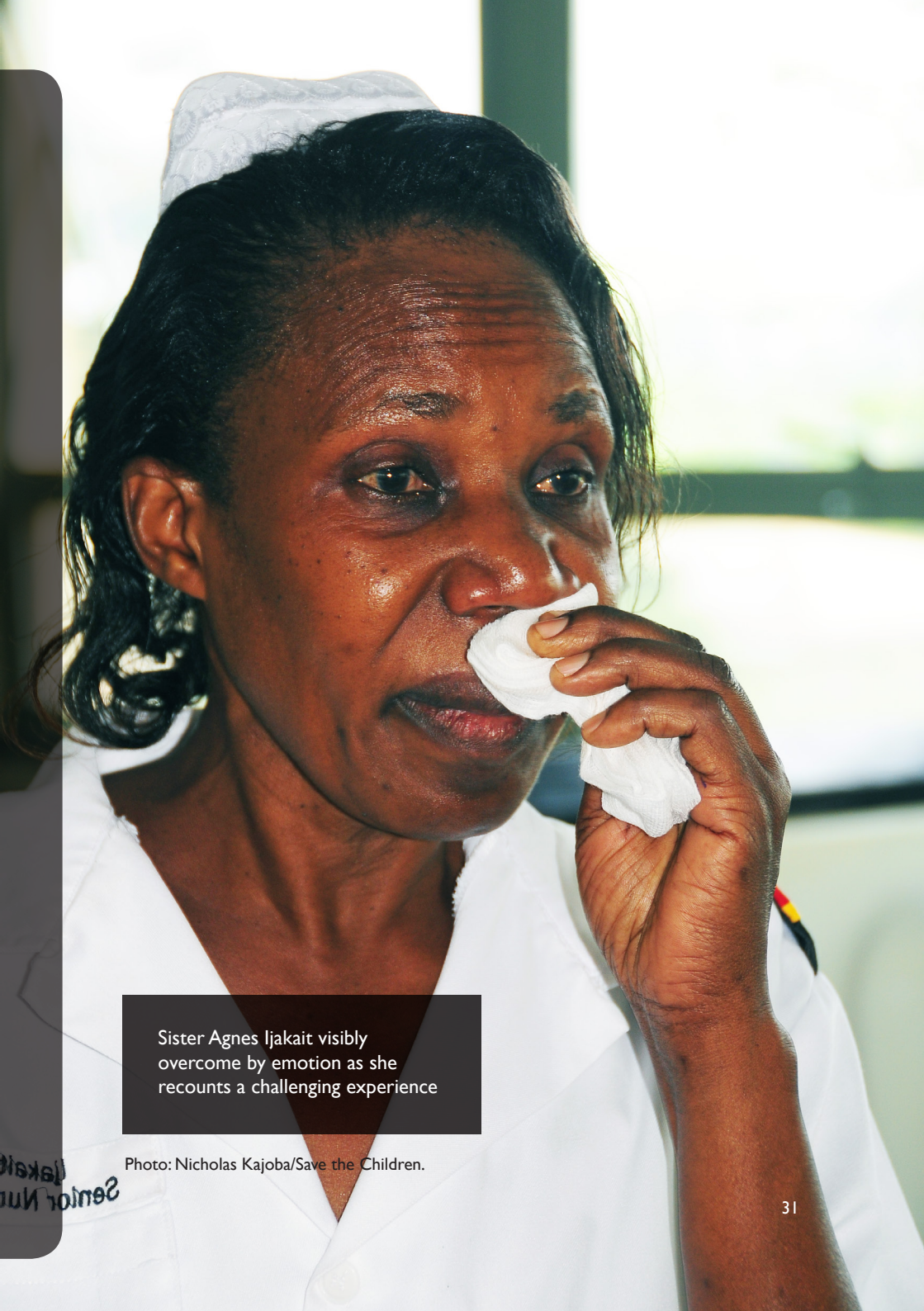
that she had a rapture. I said to myself, “All these mothers are going to die ... this one, the other one, and the other one...” And indeed, we lost the mother with the rapture and the one with APH.

“Midwifery is about life. That is why you see me crying; I don’t want a mother to die. It is very important for midwives to listen to mothers. If someone says, “I am dying,” listen and act decisively. Unfortunately I learnt that lesson the hard way.

That experience ‘shook the hospital up’ and jolted us into a heightened sense of alertness on issues of maternal health. We put in place emergency measures to prevent such deaths and trained the midwives in communication and response.”



So midwifery is about life. That is why you see me crying; I don’t want a mother to die. It is very important for midwives to listen to mothers. If someone says, “I am dying,” listen and act decisively.



Sister Agnes Ijakait visibly overcome by emotion as she recounts a challenging experience

Photo: Nicholas Kajoba/Save the Children.



Kabugho checking an expectant woman's blood pressure.

Photo: Nicholas Kajoba/Save the Children.

Midwifery: Patient history and records save lives

I am called Monica Kabugho, a 42-year-old midwife. I work in a health centre III in Kasese district, where I am the only midwife.

I love my work because I enjoy dealing with mothers and am comfortable with them. I instinctively know what to do to make them feel better.

The workload is quite heavy since this is a busy health centre, so I hope another midwife will soon be posted to work with me. Although I enjoy my work, it has not been without incident.

Some of the biggest challenges I have encountered in this job relate to the attitude of my fellow health workers and the poor referral of clients. It makes work easier when we properly document patients' history and keep proper records. This is even more important for patients who are referred to other health facilities. Many of the mothers who come to this health centre, for instance, do not have the right documentation.

I once received a pregnant mother who had been referred from a health facility in the village. The nurse there had told her that the baby was presenting with the shoulders first instead of the head. However, the mother's records did not show anything related to this malpresentation. Since she was already in the second stage of labour, it was too

late to refer her so it was a struggle to deliver the baby. The labour was quite long and on delivery, the baby could not breathe well. Fortunately, I had received training from Save the Children in how to resuscitate newborns and managed to get the baby breathing.

Another challenging case happened when I came for night duty and found an HIV-positive mother already in the second stage of labour. As I struggled to work on her, I realised that there was no fetal (baby's) heartbeat. I told the mother that I couldn't hear the baby's heartbeat but assured her that I would do my best to ensure that she had a safe delivery. The mother did not appear shocked by this information. It was not until I had delivered the baby, which was not alive, that I realised the mother had known that her baby had died much earlier. Unfortunately my colleague had not given me a full report. I stabilized the mother until morning when I managed to refer her to a hospital.

Since the midwifery training we received from Save the Children, I can say that many of the nurses' attitude has changed. We now endeavour to impress our clients and I believe that's why they keep coming back to the health centres. Ours is a sensitive job since we are handling the lives of mothers and babies but as midwives we must do our best for them.



Lilly Aryam was grateful to the midwife who saved her baby's life.

Photo: Nicholas Kajoba for the Children.

A midwife saved my baby after prolonged labour

Lilly Aryam, 44, was surprised when she discovered she was pregnant after fourteen years of not bearing children. A single mother of three girls aged 22, 19 and 16, Aryam thought she had stopped bearing children.

"It was not an easy pregnancy," Aryam says. "The midwife told me that due to my age, my pregnancy was a high-risk one and proposed that I be referred to a hospital once it was time for birth."

Aryam's labour started at about 10:00a.m but she delayed at home, taking more than ten hours to check into the health centre which was only a stone's throw from her home.

"When labour pains started, I was hesitant to go to the health centre. I did not want to go too early because I knew that the midwife would refer me to the hospital. I did not want to go to a hospital that was too far away and where I did not know anybody. Also, I felt that if many women had successfully given birth in the health centre without any complications, I too would be able to make it," she says.

"It was a long and difficult birth," Lilly recalls. "The midwife kept telling me to push but I did not have the energy to do so. I remember the midwife saying the baby would get tired if I

did not try to push, but my body just would not respond."

"When the baby was finally delivered, she did not cry and was not breathing properly. The midwife said it was because the baby was 'tired'.

"The midwife rushed my baby to the resuscitation corner and managed to get her breathing properly. I had a healthy baby girl named Patience, thanks to the skills and knowledge of the midwife who knew what to do," says Aryam.

Aryam later returned to the health centre with a goat – a gift for the midwife who had saved her baby.

I had a healthy baby girl named Patience, thanks to the skills and knowledge of the midwife who knew what to do.

Newborn Care

There are three big threats on a newborn baby's first day³:

- Complications during the labour or birth, for example when the baby is deprived of oxygen during labour or the delivery is obstructed
- Exposure to infection – for example, if the mother's waters break 24 hours or more before the baby is delivered or if the blade used to cut the umbilical cord isn't sterile
- Premature birth – a premature, underweight baby will be in dire need of immediate care and support.

Eight essential healthcare interventions around birth⁴

- 1 Skilled care at birth and emergency obstetric care
- 2 Management of premature birth
- 3 Basic newborn care (focus on cleanliness including cord care, warmth, and support for immediate breastfeeding, recognition of danger signs and care seeking.)
- 4 Neonatal resuscitation for babies who do not breathe spontaneously at birth
- 5 Kangaroo mother care (skin-to-skin, breastfeeding support especially for premature and small babies)
- 6 Treatment of severe newborn infections (focus on early identification and use of antibiotics)
- 7 In-patient supportive care for sick and small newborns (focus on IV fluids/feeding support and safe oxygen use)
- 8 Prevention of mother-to-child transmission of HIV

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Cover photo: A mother carries the baby she delivered in a health facility in Ntoroko District, Western Uganda.

(PHOTO: NICHOLAS KAJOBA/SAVE THE CHILDREN)

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