

HIGH RISK NEONATES AND EENC

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KOKODA TRAIL MOTEL,

CENTRAL PROVINCE

INTRODUCTION

- ❑ Since 2015, with WHO & UNICEF, a lot invested into addressing neonatal morbidity and mortality.

- ❑ Activities included
 - Introduction of the Early Essential Newborn Care (EENC)
 - Hospital assessment and gap strengthening
 - Introduction of Kangaroo mother care and improved postnatal care for mothers and babies.

- ❑ DHS (2016-2018) NMR dropped from 29 per 1000 live births to 20 per 1000 live births¹.

- ❑ However, remains amongst some of the highest in the South East Asian and the Western Pacific region².


WHY HIGH RISK NEONATES & EENC

- ❑ WHO reported 2.4 million deaths globally within the first month of life in 2020².
- ❑ Approximately 6700 newborn deaths every day from prematurity, neonatal infections, hypothermia, hypoglycemia and birth asphyxia
 - reflecting lack of quality care at or immediately after birth and in the first days of life².
- ❑ 75% deaths occurred during the first week of life, and in 2019, about 1 million newborns died within the first 24 hours²

SUSTAINABLE DEVELOPMENT GOAL

- ❑ 12 per 1000 live births by 2030
- ❑ Refocus on the Global priority strategies for Improving survival and health of newborns and ending preventable stillbirths.
 - increasing coverage of quality antenatal care
 - improve skilled care at birth
 - improve postnatal care for mother and baby, and care of small and sick newborns².
- ❑ NHP 2021-2030, KRA 1 & 2;
 - mobilize community support; advocate, develop and strengthen partnership with community-based groups, faith-based groups, NGOs and international partners.

OUR PROGRESS SO FAR

- ❑ EENC training rolled out to 20 provinces, covering 359 health facilities; 1340 health care workers trained, who have collectively resuscitated and saved 1034 babies.
 - ❑ Training targeted labor ward (SIC and senior nurse), Provincial Family Health, Obstetricians, Pediatricians, Midwives and nurses from district hospitals.
 - ❑ Covid-19 pandemic interrupted further roll out.
 - ❑ Upscaling within provinces, monitoring & evaluation still remains a major challenge.
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HIGH RISK NEONATE

- ❑ A high-risk neonate appears well but has a much greater chance than most infants, of developing complications such as hypothermia, hypoglycaemia, apnoea, infection, etc. in the newborn period (WHO).
 - Preterm or Post term
 - LBW and macrosomia
 - SGA babies (SFD/IUGR)
 - Birth Asphyxia (Apgar <7)
 - Mothers with a complicated pregnancy, labour or delivery
 - Babies with BBA, PROM and signs of Chorioamnionitis

- ❑ High-risk infants often fall into more than one of the above categories.

RISK

- ❑ Rapid clinical progression and deterioration
- Important to identify these babies, anticipate possible complications and develop appropriate plans for prevention, monitoring for early signs of the problem and early treatment or referral to another facility for better care.

POST NATAL CARE

- ❑ WHO has recommended Postnatal care follow up of newborn babies at 24 hours, 3 days, 7-14 days and 4-6 weeks. However, its not fully implemented.
- Only a few women and newborns stay for 24 hours after birth, which is the most critical time when complications can present.
- In addition, too many newborns die at home because of early discharge from the hospital, barriers to access and delays in seeking care ².

CHALLENGES

- ❑ Increasing coverage of quality antenatal care – rural & urban
- Congenital Syphilis, Neonatal Tetanus, TB/HIV
- ❑ Improve skilled care at birth
- Cord sepsis, Neonatal sepsis, Hypothermia, Birth asphyxia
- ❑ Improve post natal care for mother and baby, and care of small and sick newborns².



COMMUNITY ENGAGEMENT

- Community involvement & participation
 - Rural and urban
- Village health volunteers
- Community groups



CHALLENGES

- ❑ Geography, Socio-economic factors, Law & Order
- ❑ Number of health facilities, number of skilled health care workers, appropriate equipment



CHALLENGES

- ❑ Lack of public health information – maternal & new born
- ❑ Ineffective data reporting system
- ❑ Funding

WAY FORWARD

- ❑ Addressing manpower issues- short and long term
- Review government policy of international health care workers recruitment
- ❑ PHAs with strategies for developing health care workers - identification training of VHVs
- ❑ PHAs active participation with government departments like community development, Information & Communication
- Improve data management system – linking hospital, PHAs and NDoH
- Empower communities for better engagement and participation
- ❑ Improve accessibility to health care

WAY FORWARD

- Develop innovative ways of delivering public health messages
- Regular supervisory visits – planned based on good data
- WHO & UNICEF – invest more in human resource; building and supporting community groups
- Addressing socio-economic factors – social determinants of health

CONCLUSION

As leaders in CHILD & NEWBORN HEALTH,
we must continue to push within our Hospitals, PHAs, Districts and with our partners to
implement the Child Health Plan and Policy (2021-2030), with more focus on “bottom-up”
strengthening of our Health system
to achieve our goals.

THANK YOU ALL



REFERENCES

- ❑ Demographic Health Survey, Papua New Guinea, 2016-2018
- ❑ WHO Fact sheet, Newborn Mortality, 28 January 2022
- ❑ Pictures from “Freelance Journalism”