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

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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 24 hours 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)

- 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

- South Sudan
- Gambia
- Malawi
- Togo
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 newborns.
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