

# Three-year study identifies key interventions to reduce maternal, newborn and child deaths

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Some 56 evidence-based interventions will sharply reduce the 358,000 women who still die each year during pregnancy and childbirth and the 7.6 million children who die before the age of 5, according to a massive three-year global study.

The study, Essential Interventions, [Commodities](#) and Guidelines for Reproductive, Maternal, Newborn and Child Health, is designed to facilitate decision-making in low- and middle-income countries about how to allocate [limited resources](#) for maximum impact on the health of women and children.

The study reviewed 50,000 medical papers to determine the proven effectiveness of interventions and impact on survival, identifying 56 essential inventions. The study is released today by the [World Health Organization](#) (WHO), the Aga Khan University and The Partnership for Maternal, Newborn & Child Health (PMNCH).

Some of the interventions include:

- Manage maternal anemia with iron;
- Prevent and manage post-partum hemorrhage;
- Immediate thermal care for newborns;
- Extra support for feeding small and preterm babies;
- Antibiotics for the treatment of pneumonia in children.

PMNCH which has 440 partners, including countries, UN and multilateral agencies, non-governmental organizations, health groups, foundations, academic and research institutions, and the private sector, will distribute this essential list through its global network and actively advocate for its use. A condensed version on a simple, hand-held slide ruler for instant reference is currently under development.

"A lot is not brand new," says Elizabeth Mason, M.D., Director of the World Health Organization's department of Maternal, Newborn, Child and Adolescent Health, and an author of the study. "It has been more a question of putting together information in a different way and building consensus among physicians, scientists and professional organizations to lay out an evidenced-based path to help women before, during and after birth and their children. Everyone now agrees on the 56 essential interventions."

## **A Global Hodge-podge Response**

The first step was a global landscape analysis of what countries and the 440 PMNCH partners were doing to reduce maternal and newborn deaths.

"What came back was a hodge-podge," says Zulfiqar Bhutta, Founding Chair of Women and Child Health at the Aga Khan University, Pakistan, who headed the study team. "PMNCH partners had very different ideas of what should be undertaken."

In all, 142 interventions were assessed for their effectiveness and impact on survival by addressing the main causes of maternal, newborn, and child mortality. Drs. Bhutta and Mason and their team also studied the intervention suitability for use in low- and middle-income countries.

They asked what health and outreach workers with limited training could

handle at the community level where specialized care is not available. They identified what could be handled in community settings by nurses, midwives and workers with more training. They also identified which patients need to be referred to hospitals where physicians and emergency care are available.

After very extensive consultation and review by a wide group of experts, the list was honed down to 56 essential interventions, accompanied by brief guidelines and reference materials.

"We now have a clear consensus, critical for the survival of women, their infants and children," says Dr. Carole Presern, Director, of The [Partnership](#) for Maternal, Newborn & Child Health. "This was a meticulous effort involving many partners. It is truly a landmark moment in advancing the health of women and children."

## **Maternal and Child Deaths Still a Problem**

Though considerable progress has been made toward reducing maternal, infant and child deaths, many countries in Africa and India will fall short of the United Nation's Millennium Development Goals 4 & 5 (MDGs), which address reproductive, maternal and [child health](#).

Sub-Saharan Africa and south Asia, which have the highest maternal and child mortality rates, have made some progress, but not enough to meet the MDGs 4 & 5 by 2015.

The majority of maternal deaths occur during or immediately after childbirth due to bleeding, high blood pressure, prolonged or obstructed labor and infections.

A child's greatest risk of dying is during the first 28 days of life, accounting for 40 percent among children under the age of 5. Half of

newborn deaths occur during the first 24 hours and 75 percent during the first week of life, with preterm birth, severe infections and asphyxia being the main causes.

Overall, children in low-income countries are 18 times more likely to die before the age of 5 than those in wealthier countries.

## A Guidance Document

The underlying thrust of "Essential Interventions" is to support low and [middle income countries](#) meet the MDGs 4 & 5. It gives policy makers a way to make informed choices on how to set priorities and where to put their funds and resources, guided by a list of absolutely critical interventions.

"These are not instructions," says Dr. Mason. "This is a guidance document. The list also gives PMNCH partners, depending on their focus, a way to support country efforts."

The interventions are classified according to three levels of required care:

1. Care that can be provided at the community level by community health workers, outreach workers, and volunteers with limited training;
2. Primary care, also delivered in the community at a clinic by professionals – nurses, midwives, community [health](#) workers—with more training;
3. Referral care provided by physicians and skilled nurses and midwives in a hospital able to do Caesarian sections and provide emergency care.

The interventions are also classified according to six target groups:

- Adolescent and pre-pregnancy;
- Pregnancy (before birth);
- Childbirth;
- Postnatal (mother);
- Postnatal (newborn);
- Infancy and Childhood.

In addition to identifying the interventions, the document provides clear guidance on what is needed in terms of training and equipment. For example, if newborns are not breathing, resuscitation equipment is needed.

"I'm sure that this research will help to reduce deaths among mothers, newborns and children and will help direct funds and resources to concerted action based on the best evidence for impact," says Dr. Bhutta.

Provided by Partnership for Maternal, Newborn & Child Health

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