

How to attack Africa's neonatal mortality problem

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Credit: Michigan State University

Giving birth at home is the most significant risk factor for neonatal deaths in major sections of Africa - a continent that continues to be plagued by the highest neonatal mortality rates in the world, indicates a new study by Michigan State University scholars.

In both East and West Africa, a substantial proportion of births are still delivered without a doctor or other health-care professional. Unprotected water sources and older mothers giving birth also help explain why home-births are so dangerous.

The findings are meant to provide guidance toward the United Nations' longstanding goal of reducing deaths among children under 5.

Worldwide, [child mortality rates](#) decreased 53 percent between 1990 and 2015, according to the U.N.

Africa, however, had the smallest reductions in child mortality rates during that 25-year period and still has the highest neonatal mortality rate of 28 deaths per 1,000 [live births](#). Nearly half of under-5 child deaths occur during the [neonatal period](#) (the first 30 days of life). The U.N.'s newest goals - the Sustainable Development Goals, a 15-year strategy launched in early 2016 - include reducing the [neonatal mortality](#) rate in all countries to 12 deaths per 1,000 live births.

"Africa still has quite a way to go in terms of reducing neonatal mortality and where interventions are targeted is going to be very important," said Sue Grady, associate professor of geography and lead investigator of the study.

Grady and a team of students analyzed demographic and health-survey data for mothers in 14 sub-Saharan African countries, for a total sample of 344,264 births. The findings are published online in the journal *Geospatial Health*.

Among the findings and recommendations:

- Women reported unreliable transportation services to a health-care facility and inability to pay for the high cost of maternity care, including prenatal visits. Public officials should continue

focusing on enhancing the availability, accessibility and quality of health-care services, the authors argue.

- Officials should focus on ensuring the availability of affordable clean water and sanitation for hygienic delivery conditions, particularly in rural communities. Exposure to unclean water after birth can contribute to umbilical cord and intestinal infections in the baby.
- Health-care financing should include training of health professionals such as midwives and even relatives who can recognize and address complications, including asphyxia, infections and the need for child warmth and breastfeeding immediately after delivery.
- Given the trend toward women having children later in life, health officials should emphasize improvements in prenatal care, including family planning education and increased training of [birth](#) attendants to manage and encourage deliveries for women of advanced maternal age at health-care facilities.
- Cultural barriers pertaining to neonatal mortality should be addressed. The study found that female babies in West Africa were more likely to die, perhaps due partly to a gender bias and preference for sons. Mothers also reported not wanting their last child.

Interventions should include continuing to provide education to women and empowering them to make their own decisions on contraceptive use, Grady said. Further research should explore the reasons why some mothers express not wanting their last [child](#).

Provided by Michigan State University

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