

What About the Baby?

An inside look at ACNM's global projects on newborns

In the past 2 years, the ACNM Department of Global Outreach has partnered on a number of projects focused on enhancing newborn outcomes. In partnership with the American Academy of Pediatrics, we are training providers in many countries, utilizing materials from the Helping Babies Survive (HBS) modules. As our technical staff and member volunteers quickly discover, there are some challenging newborn issues to consider.



Why the Focus on the Newborn?

In many countries, midwives and other birth attendants focus limited time and resources on preventing poor maternal outcomes, including maternal death. The Millennium Development Goals, which expire this year, heightened sensitivity about preventable maternal morbidity and mortality through a specific goal to reduce maternal death. This led to a focus on interventions like active management of third stage, which have shown immediate and positive impact.

It took a little longer to build an equal emphasis on improving newborn outcomes. An analysis of overall childhood deaths revealed that many actually occurred in the neonatal period. World Health Organization (WHO) data in 2010 revealed that a shocking 41% of overall childhood deaths occurred in the first month of life, with most of those occurring in the first 24 hours. Correspondingly, the focus on this funnel of childhood mortality shifted from the first 5 years to the first month, then the first week, and then the first day of life. Aside from the day of your eventual death, the most risky day of your life in many parts of the world is your first.

This analysis galvanized efforts to change practice at the country level through adoption of simple, life-saving measures for newborns.

Making it Through the First Day

Surviving the first 24 hours is a major challenge articulated by WHO.


In many countries, practices at birth include cutting the cord immediately and placing the newborn aside, away from the mother or any provider. The newborn is wrapped in clothes provided by the mother, without a source of warmth. Later, after the mother has been attended to, someone looks at the newborn, who may be cold-stressed, lethargic, and hypoxic. This post-birth stress may lead to initial breastfeeding challenges. As one neonatologist in an African country told me, "Newborns in this country are expected to 'auto-resuscitate.'" Unfortunately, many vulnerable newborns do not have the strength to auto-resuscitate. Instead, they become extremely compromised, cascading into the deadly triad of hypothermia, hypoglycemia, and hypoxia.

ACNM staff and member volunteers participate in numerous training efforts, including *Helping Babies Breathe*, which prepares Master Trainers who cascade trainings out to health centres and hospitals. The message is clear: the newborn needs immediate attention and support.

Fresh Stillbirth

The phrase "fresh stillbirth" can be a puzzling term. In the context of global health, stillbirths are a source of great concern: it is estimated that they are equal in number to neonatal deaths. Depending on the country, stillbirths may be under-reported or never reported. This makes it difficult to evaluate progress or quality of care.

A fresh stillborn is a newborn who does not have any of the physical changes of death. This may indicate a death in labor. Perhaps it was avoidable if fetal hearts tones were taken or prolonged labor was recognized and assistance sought. At its worst, a fresh stillborn child may not be dead, but apneic and in need of resuscitation, usually simple ventilation.

There are many challenges to increasing the quality of care in the labor ward, including the severe lack of skilled midwifery providers in many countries. A different challenge involves changing the paradigm from sad resignation when the midwife has a "still child" to encourage an attempt at resuscitation. The ACNM Department of Global Outreach is on the ground, actively working to address these challenges and asking the essential question, "What about the baby?" 



By Kate McHugh, CNM, MSN, FACNM, ACNM Senior Technical Advisor