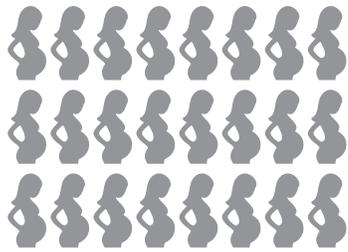


# SAVING THE NEWBORN CAMPAIGN



# Challenges of Vulnerable Children and Women

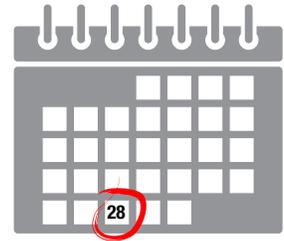
One of the most challenging times for mothers and babies in developing countries is to survive the day of birth. **In 2015:**



more than **300,000** women died due to pregnancy or childbirth-related complications



approximately **5.9 million** deaths occurred in children under 5 years of age



**45%** of deaths among newborns occur in the **first 28 days of life<sup>1</sup>**

Many of these deaths occurred in babies born too early and too small, babies with infections, or babies asphyxiated around the time of delivery.

## What can be done?

**Maternal and newborn deaths are largely preventable.**

Tragically, in low- and middle-income countries the majority of mothers and newborns do not receive adequate care. According to the WHO, “many newborn lives can be saved by the use of interventions that require simple technology, most of which can be effectively provided by a single skilled birth attendant caring for the mother and the newborn. Care of all newborns includes immediate and thorough drying, skin to skin contact of the newborn with the mother, cord clamping and cutting after the first minutes after birth, early initiation of breastfeeding, and exclusive breastfeeding. Newborns who do not start breathing on their own by one minute after birth should receive positive pressure ventilation with room air by a self-inflating bag and mask.”



According to the World Health Organization, **over two-thirds** of newborn deaths are preventable or actionable now without intensive care.



The lives of **nearly 3 million** babies and women could be saved each year with high coverage of quality care around birth and care for small and sick babies.

<sup>1</sup>[http://www.who.int/maternal\\_child\\_adolescent/epidemiology/en/](http://www.who.int/maternal_child_adolescent/epidemiology/en/)

# Our Evidence-based Approach:

## THE NEED

Preventing millions of newborn deaths in developing countries

## THE OPPORTUNITY

### INPUTS

- Skilled birth attendants caring for mothers and newborns
- Life-saving equipment and medicines
- Community education

### LIFESAVING INTERVENTIONS

- Basic emergency care for mothers and babies with complications
- Comprehensive emergency care
- Routine, essential care for all mothers and babies

### OUTPUTS

- Access to quality health services for newborns and mothers
- Behavior changed and improved knowledge in health workers and families

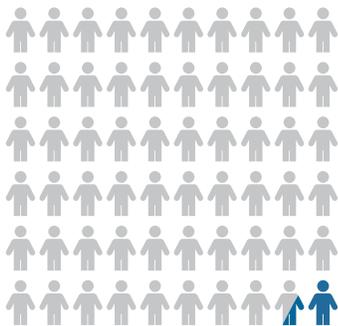
### IMPACT

Saved newborns' lives

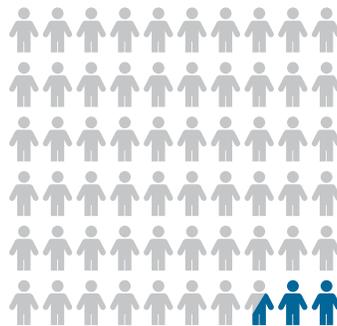
# Project HOPE's Response

- All of our programs and indicators are designed to align with and support the achievement of national and global health priorities through evidence-based interventions. Our approach is consistent with the global Every Newborn Action Plan to end preventable deaths which is coordinated by UNICEF and the WHO. According to the plan, “the packages of care with greatest impact on ending preventable neonatal deaths and stillbirths include: care during labour, around birth and the first week of life; and care for the small and sick newborn.”<sup>2</sup> Our Maternal, Neonatal and Child Health (MNCH) approach to prevent maternal, infant and child deaths directly supports Sustainable Development Goals 3.1 and 3.2 which are:

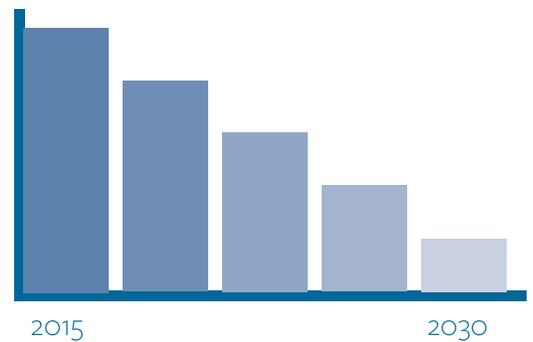
By 2030, **end** preventable deaths of newborns and children under 5 years of age, with all countries aiming to **reduce**



neonatal mortality to at least as low as **12** per **1,000** live births



and under-5 mortalities to at least as low as **25** per **1,000** live births.



By 2030, reduce the global maternal mortality ratio to less than **70 per 100,000** live births.

- Project HOPE builds the skills of health care workers to ensure high quality services at all levels, strengthening the linkage and continuum of care between communities, health facilities, and tertiary care hospitals. This includes providing critically needed training to medical professionals and staff working in hospitals and clinics as well as developing cadres of trained community health workers to provide education to households on proper maternal and child health care. Our community education component works to engage families and households in order to increase their knowledge of caring for themselves and their children and when to seek health care services.



<sup>2</sup> <https://www.everynewborn.org/>



- Project HOPE works at both the clinical and community level to improve maternal and child health outcomes, in collaboration with Ministries of Health, the private sector, and global partners. Project HOPE creates Centers of Excellence in hospitals that become resources for ongoing teaching and capacity building. All of our programs and indicators are designed to align with and support the achievement of national and global health priorities through evidence-based interventions. In order to support national priorities within the countries we work, Project HOPE coordinates directly with the Ministry of Health and key local stakeholders to support program implementation.
- We strengthen quality of care for the first 1,000 days (conception through a child's second birthday) in order to support mothers through a healthy and safe pregnancy and help ensure positive birth outcomes. This is accomplished through strengthening the capacity of health care workers and medical professionals to provide evidence-based, quality prenatal, postnatal, neonatal and child health care services at health facilities and in communities.

## Project HOPE in Action

In response to this need, Project HOPE is proposing an action plan to leverage our expertise in the maternal, neonatal and child health fields to strengthen obstetrical and neonatal care in selected partner health facilities. Project HOPE has global experience developing Centers of Excellence and working closely with Ministries of Health to improve the capacity of health systems to provide quality maternal and newborn care.

Project HOPE will increase access to routine care and Basic and Comprehensive Emergency Obstetric and Neonatal Care (BEmONC and CEmONC) with a particular focus on strengthening health facilities for skilled delivery and newborn care, including appropriate Neonatal Intensive Care Units (NICUs) at selected partner hospitals.

### GOAL

The overall goal is to support reduction in maternal and newborn mortality through capacity development of existing programs and structures within the health systems, including community systems, to ensure improvements and supportive linkages in the continuum of health care for women and children. This goal is anchored on two strategic objectives, described below.

### OBJECTIVES

1. Increasing the Quality of Maternal and Newborn Care Services
2. Improved Access to Maternal and Newborn Health Services



### BUDGET:

- Lifesaving equipment and medicines for mothers and newborns
- Developing capacities and lifesaving skills in local health care workers

## How We Work

### VOLUNTEERS

The integration of highly skilled global health volunteers into our programs is a core component of our work, enhancing program outcomes and extending services and capability worldwide. The Volunteer Programs division provides overall strategic management and operational control and resourcing of Project HOPE's volunteers – their organization, assessment, selection, training, deployment, redeployment, and evaluation.

Our volunteer platform supports our maternal and child health programs through the delivery of expert education and training, particularly within health facilities and hospitals to strengthen the capacity of medical professionals and health care workers.

Ensuring that facilities have running water and electricity are ongoing challenges they are facing, and are essential for reducing sepsis and delivering care. Project HOPE has worked in several countries with a global NGO specializing in sustainable health facility improvements that could be a partner to address this in these settings.

### GIK

Project HOPE GIK activities are conducted in coordination with local governments and Ministries of Health following the establishment of a Memorandum of Understanding to ensure we are responding to and cooperating with country needs and standards. Moreover, by working directly with Ministries of Health, health care professionals and key government stakeholders, Project HOPE provides technical assistance to increase efficiency in managing medical supplies, including warehousing, distribution and cold chain management.

### INNOVATION

Project HOPE develops innovative concepts and tools to support our global health programs and further support long-term behavior change and positive health outcomes. We will incorporate new technologies and approaches into our work such as providing hospitals and health facilities with updated software and equipment and utilizing mHealth components, podcasts and apps to increase distance learning and mentoring, and provider-patient communication and knowledge.

## COMPONENTS OF LIFE-SAVING CARE

### Basic Emergency Care

(for mothers and babies with complications):

- Parenteral magnesium sulfate for (pre-) eclampsia
- Antibiotics for preterm or prolonged premature rupture of membranes to prevent infection
- Assisted vaginal delivery
- Corticosteroids in preterm labor
- Parenteral antibiotics for maternal infection
- Resuscitation with bag and mask of non-breathing baby, Parenteral oxytocic drugs for hemorrhage
- Thermal protection “Kangaroo Mother Care” for premature/very small babies
- Manual removal of placenta for retained placenta
- Alternative feeding if baby unable to breastfeed
- Removal of retained products of conception
- Injectable antibiotics for neonatal sepsis
- (PMTCT if HIV-positive mother)

### Comprehensive Emergency Care

(functions in addition to Basic)

Surgery (e.g. cesarean) including anesthesia, intravenous fluids, blood transfusion, safe administration of oxygen.

### Routine Essential Care

(for all mothers and babies)

- Monitoring and management of labor using partograph
- Thermal protection /skin to skin contact with mother
- Infection prevention measures (hand-washing, gloves), including hygienic cord care
- Immediate and exclusive breastfeeding
- Active management of the third stage of labor (AMTSL)
- After the first hour, newborn vitamin K, eye care, vaccinations, weighing and screening for illness





## Baby Morie

*Sierra Leone's maternal and newborn mortality rates remain among the highest in the world. In May 2016, Project HOPE assembled a team of health professional volunteers who conducted a rapid assessment of maternal and newborn health care in several health facilities in Sierra Leone, while also providing training and clinical mentoring on newborn care.*

Among the many deaths, there are also stories of hope. Here's how HOPE health care workers saved one baby's life despite the obstacles of dimly inadequate facilities, a lack of medicines, and a shortage of trained medical staff.

Baby Morie, a 5-month-old baby girl in the pediatric ward of the Bo District Hospital, had been crying nonstop for two days without any examinations or diagnosis. The only pediatric doctor was attending a workshop outside of Bo District.

When Project HOPE's Sierra Leone Program Coordinator Mariam Sow learned about the baby's obvious and ongoing distress, she called Dr. Jacqueline Asibey, a Project HOPE volunteer. After an examination, Dr. Asibey diagnosed that Morie had intussusception, a medical condition in which a part of the intestine folds into another section of intestine requiring immediate surgery.

Unfortunately, there was no pediatric surgeon at the hospital, so the volunteer health care workers had to come up with a creative but medically viable solution. Further inquiries with a

community health officer yielded a plan to refer the baby to an emergency hospital managed by an Italian NGO in Freetown. Project HOPE arranged for baby Morie and her parents to be transported by ambulance. Upon arrival, Dr. Asibey's preliminary diagnosis was confirmed and a visiting Italian surgeon performed surgery on Morie that night.

"The above scenario is not an isolated case," says Sow. "Sadly, it is now the norm in Sierra Leone. At the time of our visit, the bed occupancy rate at the Bo District Hospital's pediatric ward exceeded 100 percent. According to HOPE's volunteers, each one of the babies which they observed was an emergency case and should have been in a pediatric ICU."

"The other babies that were saved by HOPE volunteers were identified by Dr. Asibey in the corridors of the hospital, after observing parents frantically asking for help for their almost dying babies," says Sow. "Most of the drugs and material needed to save these babies were not available at the hospital dispensary; all items used to help those babies were purchased by us at drug stores in town."

The medical officer for Bo District, Dr. Turay, acknowledges the lack of facilities, and emphasizes the importance of maternal health. "Kids who grow up without mothers become child soldiers," says Turay. "We need to keep the moms healthy to build our community and our country."

# Impact of your investment

Through your support, Project HOPE in collaboration with local partners can save the lives of thousands of newborns and provide them with a healthy and safe start. Your gift can contribute to transform the lives of vulnerable babies and families into a life of better possibilities and opportunities for the future.



255 Carter Hall Lane  
P.O. Box 250  
Millwood, Virginia 22646  
800-544-HOPE (4673)  
[projecthope.org](http://projecthope.org)