

Small and Sick Newborn Standards

What is new and what is the implication for the health system

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**World Health
Organization**

A close-up photograph of a person wearing a light blue surgical mask, holding a newborn baby. The baby is wrapped in a vibrant, multi-colored patterned blanket. The person's hands are visible, gently cradling the baby's head. The background is softly blurred, showing a pink patterned fabric.

Background

2.5 million newborns, over 2 million stillbirths, and 295,000 mothers die annually

45% of newborn deaths and 60% of maternal deaths occur in fragile and humanitarian settings

Since the beginning of 2020 COVID-19 pandemic major disruption in the availability, utilization and quality of essential services

Quality of health services: problem magnitude

- **30 million small and sick newborns require access to quality services every year**
- In high-income countries: **1 in 10 patients is harmed** while receiving health care
- In low- and middle-income countries:
 - Nearly **40%** health care facilities **lack running water** and nearly **20%** **lack sanitation**
 - Women experience **abuse, lack of respectful compassionate care, and exclusion from care decision-making** during childbirth and in relation to infant care
 - Newborns are exposed to **harmful procedures, lack of respectful care, neglect and separation** from parents in the care process

Review

Highly accessed

Open Access

Facilitators and barriers to facility-based delivery in low- and middle-income countries: a qualitative evidence synthesis

Meghan A Bohren^{1,2*}, Erin C Hunter¹, Heather M Munthe-Kaas³, João Paulo Souza⁴, Joshua P Vogel² and A Metin Gülmezoglu²

The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review

Meghan A. Bohren^{1,2*}, Joshua P. Vogel², Erin C. Hunter³, Olha Lutsiv⁴, Suprita K. Makh⁵, João Paulo Souza⁶, Carolina Aguiar¹, Fernando Saraiva Coneglian⁶, Alex Luiz Araújo Diniz⁶, Özge Tunçalp², Dena Javadi³, Olufemi T. Oladapo², Rajat Khosla², Michelle J. Hindin^{1,2}, A. Metin Gülmezoglu²

WHO vision

“Every woman, newborn, child and adolescent receives quality health services throughout the their life-cycle and level of care continuum”

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www.bjog.org

Commentary

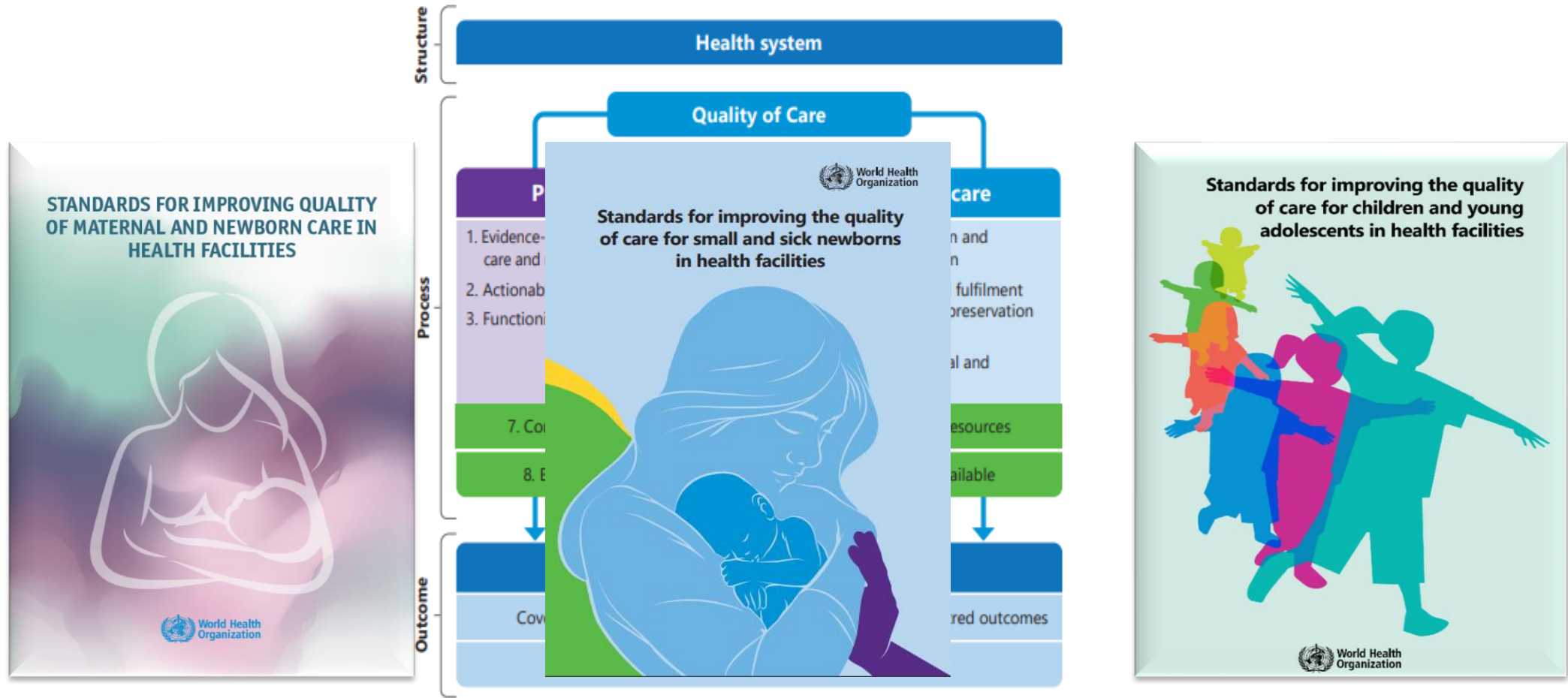
Quality of care for pregnant women and newborns—the WHO vision

Ö Tunçalp,^a WM Were,^b C MacLennan,^b OT Oladapo,^a AM Gülmezoglu,^a R Bahl,^b B Daelmans,^b M Mathai,^b L Say,^a F Kristensen,^c M Temmerman,^a F Bustreo^c



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Quality of Care Framework and Standards

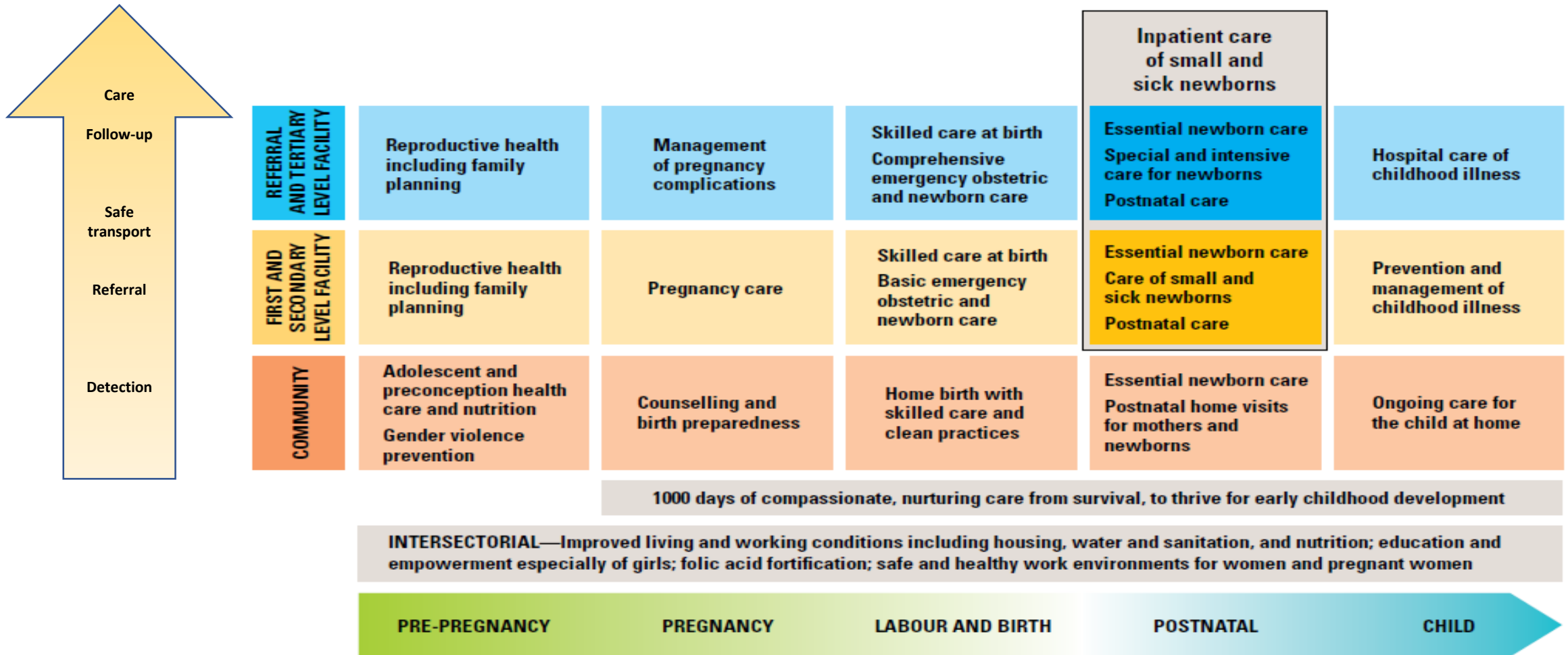


Maternal and newborn health

Small and sick newborn health

Children and young adolescents

The need of a continuum of care



Adapted from: Every Newborn Action Plan (1).







ENDING PREVENTABLE NEWBORN DEATHS and STILLBIRTHS by 2030

Moving faster towards high-quality universal health coverage in 2020–2025
July 2020

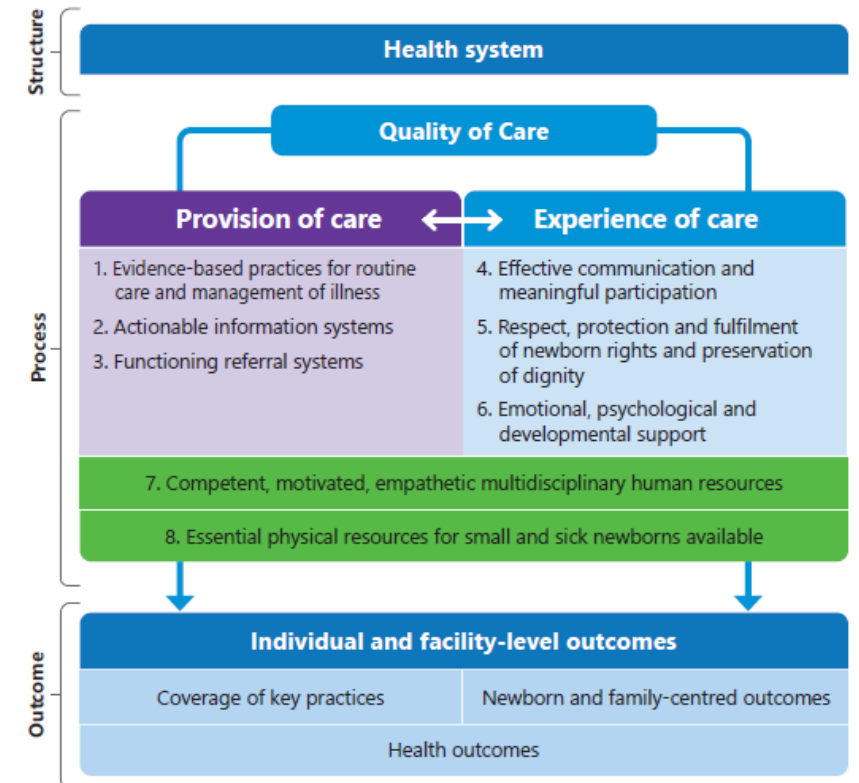
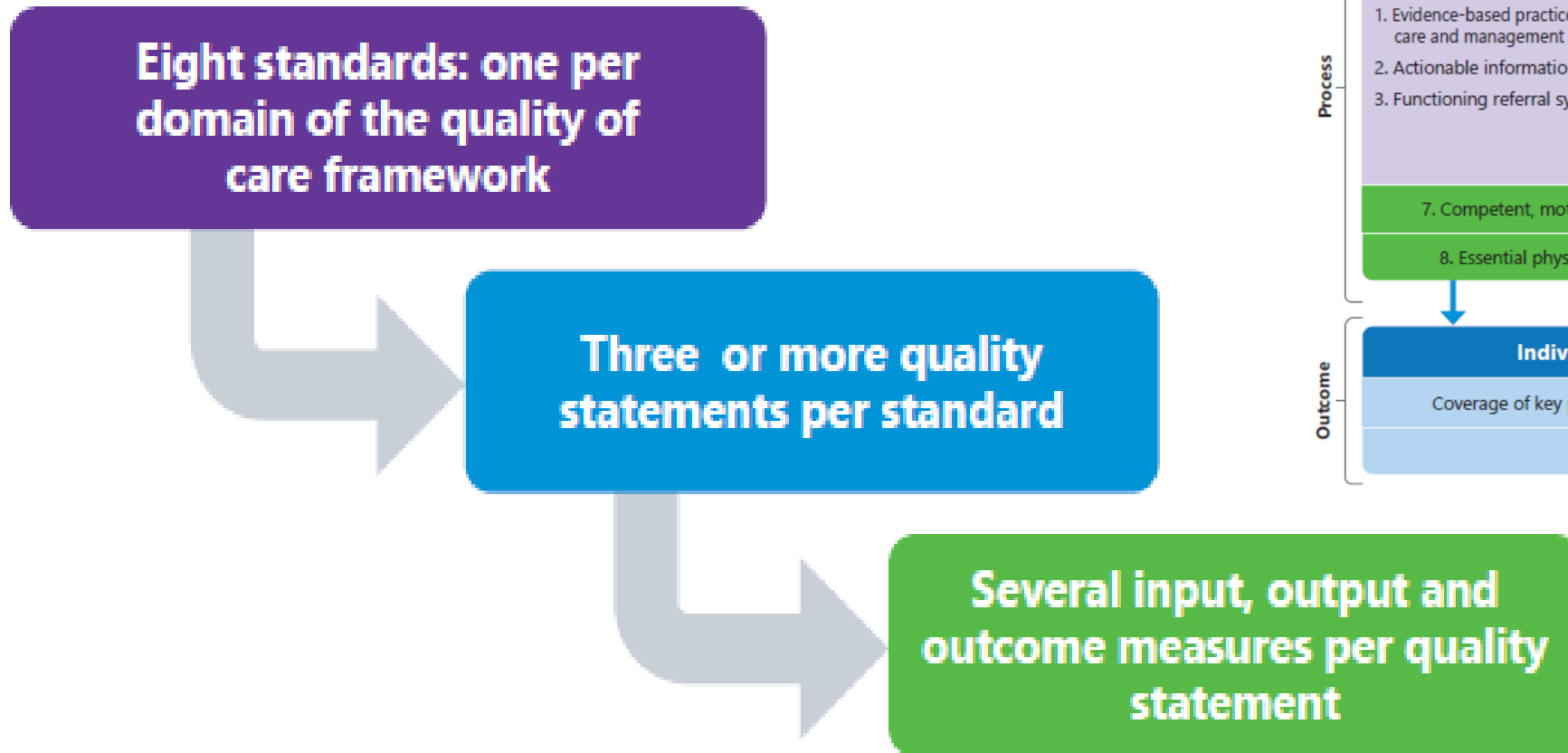
MOVING FASTER TO END PREVENTABLE NEWBORN DEATHS AND STILLBIRTHS BY 2030

2025 COVERAGE TARGETS AND MILESTONES

COVERAGE TARGET 1	 EVERY PREGNANT WOMAN	<p>Indicator: Four or more antenatal care contacts</p> <p>Global target 90% global coverage of four or more antenatal care contacts</p> <p>National target 90% of countries have > 70% coverage</p> <p>Subnational target 80% of districts have > 70% coverage</p>
COVERAGE TARGET 2	 EVERY BIRTH	<p>Indicator: Births attended by skilled health personnel</p> <p>Global target 90% global average coverage of births attended by skilled health personnel</p> <p>National target 90% of countries with > 80% coverage</p> <p>Subnational target 80% of districts with > 80% coverage</p>
COVERAGE TARGET 3	 EVERY WOMAN AND NEWBORN	<p>Indicator: Early routine postnatal care (within 2 days)</p> <p>Global target 80% global coverage of early postnatal care</p> <p>National target 90% of countries with > 60% coverage</p> <p>Subnational target 80% of districts with > 60% coverage</p>
COVERAGE TARGET 4	 EVERY SMALL AND EVERY SICK NEWBORN	<p>Global target 80% of countries have a national implementation plan that is being implemented in at least half the country, with an appropriate number of functional level-2 inpatient units linked to level-1 units to care for small and sick newborns, with family-centred care.</p> <p>National and Subnational targets 80% of districts (or equivalent subnational unit) have at least one level-2 inpatient unit to care for small and sick newborns, with respiratory support including provision of continuous positive airway pressure. (See Table 1 for definitions of levels 1 and 2 newborn units.)</p>

4 targets in 5 years

Taxonomy and Structure



Theme: Provision of care



Standard

- 1** Every small and sick newborn receives evidence-based care and management of illness according to WHO guidelines.



Standard

- 2** The health information system enables collection, analysis and use of data to ensure early appropriate action to improve the care of every small and sick newborn.



Standard

- 3** Every small and sick newborn with a condition or conditions that cannot be managed effectively with the available resources receives appropriate, timely referral through integrated newborn service pathways, with continuity of care, including during transport.

The standards place the newborn at the centre of care by improving both the provision and newborns experience of health care for the newborns and their families. They are a critical component for strengthening health systems. They uphold newborn's right to health; the principle of the best interests of the child is the primary consideration throughout the health care services provided. Newborns and their families must receive the highest possible standard of care during health service delivery.

The standards are based on the eight domains of the framework for improving the quality of newborn care and address the most common conditions that affect the quality of care of small and sick newborns in health facilities.

STANDARDS FOR NEWBORN CARE



Theme: Experience of care



Standard

- 4** Communication with small and sick newborns and their families is effective, with meaningful participation, and responds to their needs and preferences, and parental involvement is encouraged and supported throughout the care pathway.



Standard

- 5** Newborns' rights are respected, protected and fulfilled without discrimination, with preservation of dignity at all times and in all settings during care, transport and follow-up.



Standard

- 6** All small and sick newborns are given developmentally supportive care and follow-up, and their families receive emotional and psychosocial support that is sensitive to their needs and strengthens

Theme: Health system resources



Standard

- 7** For every small and sick newborn, competent, motivated, empathetic, multidisciplinary staff are consistently available to provide routine care, manage complications and provide developmental and psychological support throughout the care pathway.



Standard

- 8** The health facility has an appropriate physical environment, with adequate water, sanitation, waste management, energy supply, medicines, medical supplies and equipment for routine care and management of complications in small and sick newborns.



Standard 1: Quality statements Evidence based practices

- A. Care for all newborns
- B. Care for small and sick newborns
 - B1. Care for respiratory conditions
 - B2. Nutritional support for newborns
 - B3. Care for other conditions
 - Jaundice
 - Seizures
 - Neonatal encephalopathy
 - Anaemia,
 - Necrotizing enterocolitis
 - Retinopathy of prematurity
 - Intraventricular haemorrhage
 - Surgical conditions
 - B4. Clinical monitoring and supportive care
 - B5. Pain management and palliative care for newborns
 - B6. Care and advice at discharge

1.1 NEW: All newborns receive care with **standard precautions** to prevent health-care associated infections including implementing additional measures required during outbreaks and pandemic situations.

Quality measures for quality statement 1.1

Input

The health facility has written, up-to-date guidelines for standard infection prevention and control that include additional measures required during outbreaks and pandemics.

The health facility has written, up-to-date guidelines, protocols, standard operating procedures and mechanisms for minimising overcrowding, including one newborn for resuscitation unit, incubator or cot, and appropriate space between beds in the neonatal unit and all areas where newborns are cared for in a facility.

The health facility has standard operating procedures for disinfection of reusable neonatal equipment, including nasal prongs, self-inflating bags and face masks.

The health facility has standard operating procedures for cleaning the neonatal clinic, incubators, phototherapy units and other neonatal equipment .

Process or output

Proportion of staff in the labour room and neonatal unit trained in infection prevention practices including additional measures required during outbreaks and pandemics.

Proportion of staff in the neonatal unit who practice hand hygiene according to WHO standards.

Proportion of staff in the neonatal unit who wear personal protective equipment as recommended during outbreaks and pandemic situations.

Proportion of reusable neonatal equipment disinfected by standard procedures.

Number of times the neonatal clinical area and neonatal equipment are cleaned according to standard operation procedures.

Outcome

Proportion of newborns admitted to the health facility with infections proven to be associated to health care.

Standard 2: Actionable information systems

- 2.1. Every small and sick newborn has a complete, accurate, standardized, up-to-date **medical record**, which is accessible throughout their care, on discharge and on follow-up.
- 2.2. Every health facility has a functional mechanism for collecting, analysing and using data on newborns as part of **monitoring performance and quality improvement**.
- 2.3. Every health facility has a mechanism for collecting, analysing and **providing feedback** on the newborn services provided and the perceptions of families of the care received.

Electronic supplementary material:
The online version of this article contains supplementary material.

Use of a participatory quality assessment and improvement tool for maternal and neonatal hospital care. Part 1: Review of implementation features and observed quality gaps in 25 countries


Giorgio Tamburlini¹, Alberta Bacci², Marina Daniele³, Stelian Hodorogea⁴, Dalia Jeckaitė⁵, Gelmius Siupsinskas⁶, Emanuelle Pessa Valente⁷, Paola Stillo⁸, Francesca Vezzini⁹, Maurice Bucagu¹⁰, Ornella Lincetto¹¹

Background A substantial proportion of maternal and neonatal mortality and morbidity is attributable to gaps in quality of care. A systematic, standard-based tool for quality assessment and improvement for maternal and neonatal hospital care (QA/QI MN tool) was developed in 2009 by the World Health Organization (WHO). The tool guides the assessment process along the whole continuum from admission to discharge, collects the views of the recipients of care and engages hospital managers and staff in identifying gaps and drafting an action plan.

Use of a participatory quality assessment and improvement tool for maternal and neonatal hospital care. Part 2: Review of the results of quality cycles and of factors influencing change

Giorgio Tamburlini¹, Alberta Bacci², Marina Daniele³, Stelian Hodorogea⁴, Dalia Jeckaitė⁵, Audrius Maciulevicius⁶, Emanuelle Pessa Valente⁷, Gelmius Siupsinskas⁸, Fabio Uxa⁹, Francesca Vezzini¹⁰, Ornella Lincetto¹¹, Maurice Bucagu¹²

Background Information about the use of the findings of quality assessments in maternal and neonatal (MN) care is lacking and the development of tools capable to effectively address quality gaps is a key priority. Furthermore, little is known about factors that act as barriers or facilitators to change at facility level. Based on the extensive experience made with the WHO Quality Assessment and Improvement MN (QA/QI MN) tool, an overview is provided of the improvements in quality of care (QoC) which were obtained over time and of the factors influencing change.

A close-up photograph of a woman wearing a pink headscarf with white floral patterns, holding a newborn baby in a Kangaroo Mother Care position. The baby is wrapped in a white blanket and has a medical sensor on its forehead. The woman's face is in profile, looking down at the baby with a gentle expression. The background is softly blurred, showing more of the woman and the baby.

Standard 3: Functioning referral systems

- **3.4. NEW:** Every health facility that provides care for small and sick newborns has been designated according to a standard level of care and is part of an integrated newborn network with clear referral pathways, a coordinating referral centre that provides clinical management support, protocols and guidelines
- **3.5. NEW:** Newborn transfer services provide safe, efficient transfer to and from referral neonatal care by experienced, qualified personnel, preferably specialist transport teams, in specialist transport vehicles.
- **3.6. NEW:** Every newborn who requires referral is transferred in the Kangaroo Mother Care position with their mother, when possible.



Standard 4: Effective communication & meaningful participation

- **4.4. NEW:** Carers of small and sick newborns and staff understand the importance of nurturing interaction with the newborn, recognize and respect the newborn's behaviour and cues and include them in care decisions.
- **4.5. NEW:** All carers receive appropriate counselling and health education about the current illness of the newborn, transition to Kangaroo Mother Care follow-up, community care and continuous care, including early intervention and developmental follow-up.
- **4.6. NEW:** In humanitarian and fragile settings, including pandemic situations, special consideration is given to the specific psychosocial and practical needs of small and sick newborns and their carers.

Standard 5: Respect, protection and fulfilment of newborn rights and preservation of dignity

- 5.1. All newborns have equitable access to health care services with no discrimination of any kind.
- 5.2. The carers of the newborns are made aware of and given information about the newborn's rights to health and health care.
- 5.3. All newborns and their carers are treated with respect and dignity, and their right to privacy and confidentiality is respected.
- 5.4. All newborns are protected from any physical or mental violence, injury, abuse, neglect or any other form of maltreatment.
- **5.5. NEW:** All newborns have their birth registered and have an identity.
- **5.6. NEW:** All newborns who die and all stillbirths have their death registered.



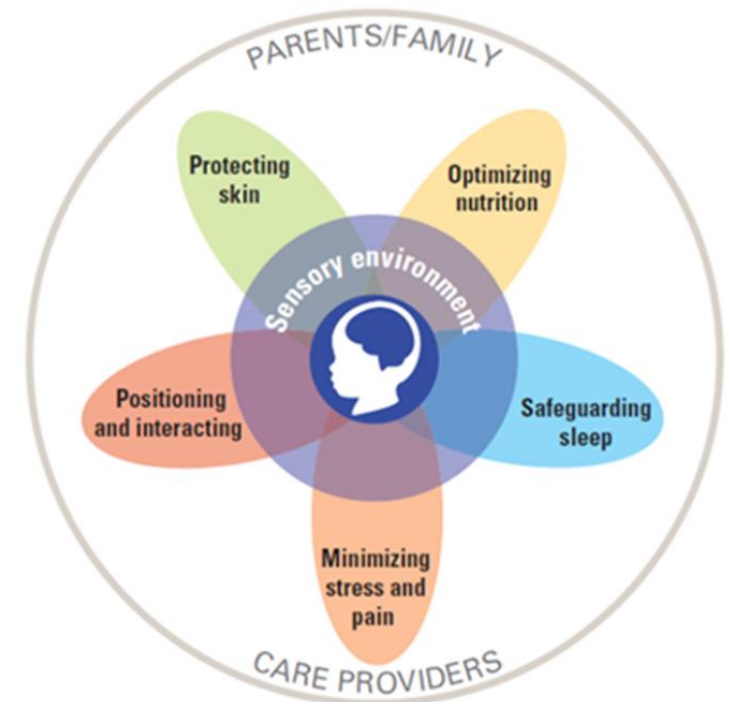
Standard 6: Emotional, psychosocial and developmental support

6.1. All small and sick newborns stay with their carers with minimal separation, and the role of carers is recognized and supported at all times during care.

6.2. **NEW:** All newborns born preterm or with a low birth weight receive Kangaroo Mother Care as soon as possible after birth, and the parents are supported in its provision.

6.3. **NEW:** All small and sick newborns receive appropriate developmental supportive care, and their families are recognized as partners in care.

6.5. **NEW:** All small and sick newborns receive appropriate, coordinated developmental follow-up with minimal disruption to family life and routines.



Adapted from: Altimie L, Phillips R. Newborn & Infant Nsg Rev 2016; 16:230.



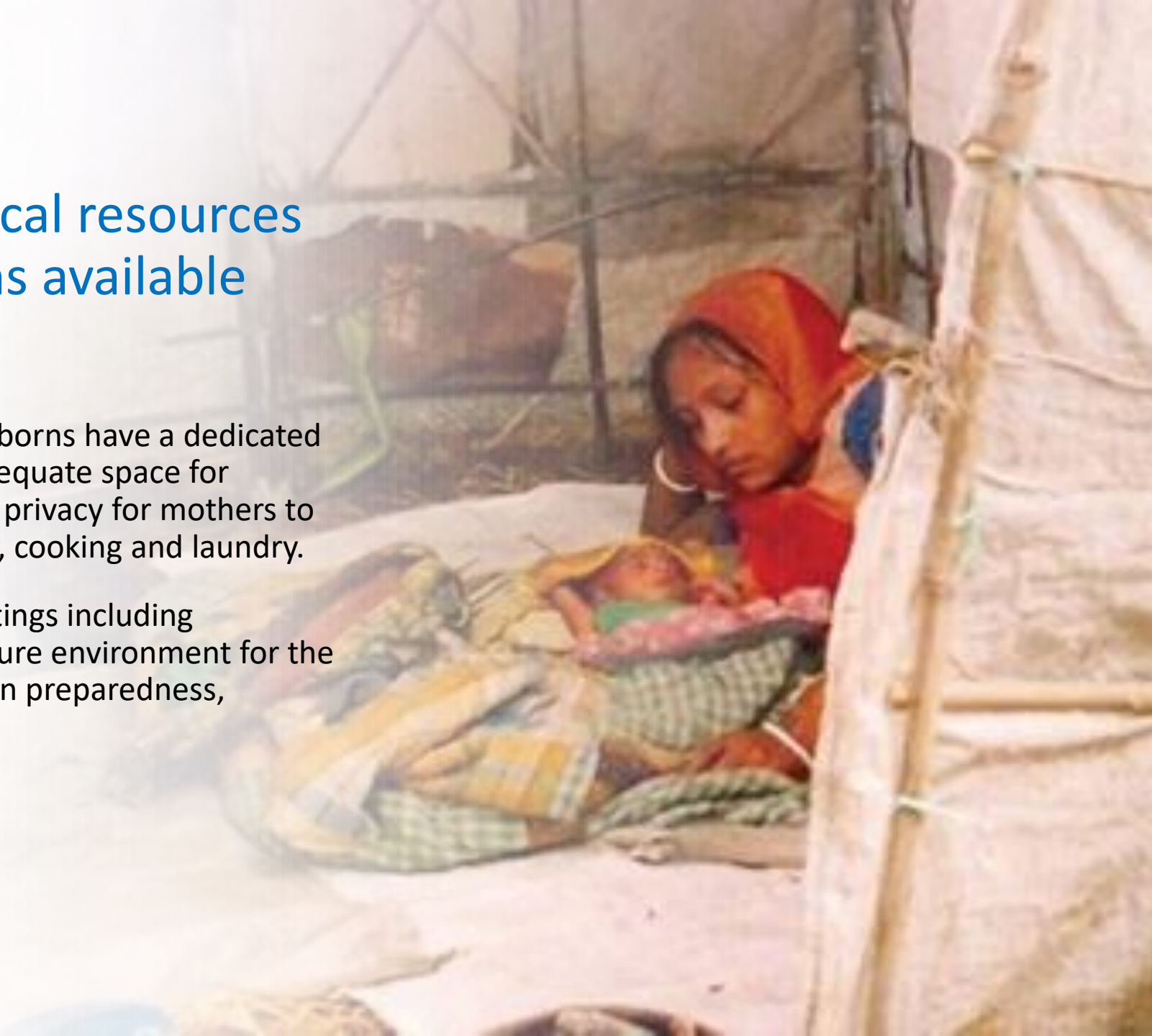
Standard 7: Competent, motivated, empathetic multi-disciplinary human resources

7.3. NEW: All staff working in neonatal units of a health facility have the necessary knowledge, skills and attitudes to provide infection prevention and control, basic resuscitation, Kangaroo Mother Care, safe feeding and medications and positive interaction with newborns and communication with carers.

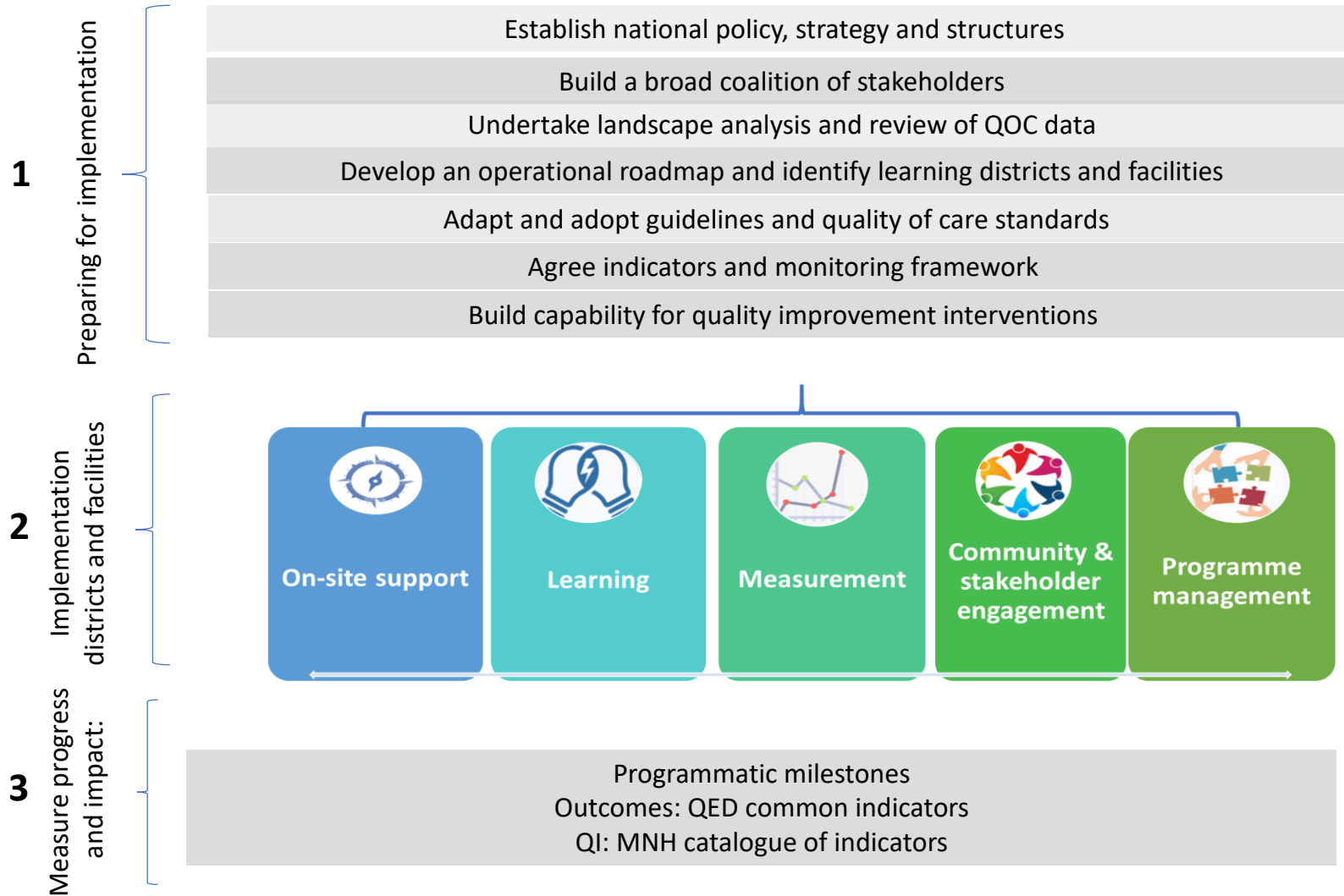
Small & sick newborn survival in facilities linked to numbers of qualified nurses working per shift

Standard 8: Essential physical resources for small and sick newborns available

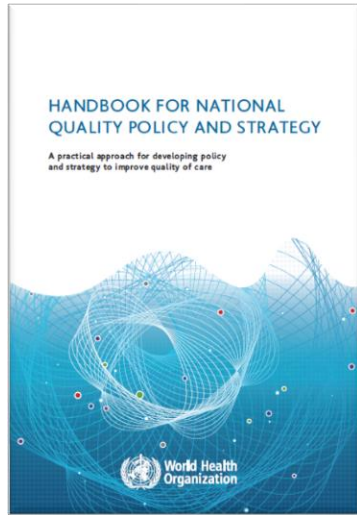
- **8.5. NEW:** All carers of small and sick newborns have a dedicated area with supportive elements, including adequate space for Kangaroo Mother Care, family-centred care, privacy for mothers to express breast milk and facilities for hygiene, cooking and laundry.
- **8.6. NEW:** In humanitarian and fragile settings including pandemic situations, provision of a safe, secure environment for the care of small and sick newborns is included in preparedness, response and recovery plans .



Country implementation approach in QED countries

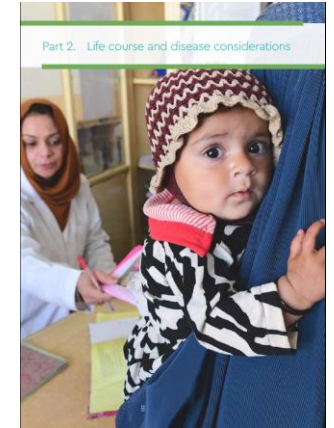
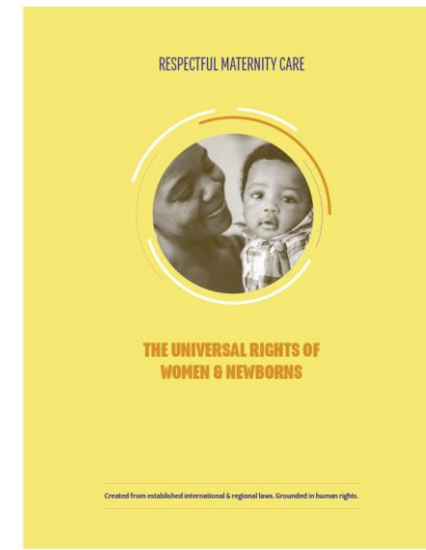


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INTEGRATING STAKEHOLDER AND COMMUNITY ENGAGEMENT IN QUALITY OF CARE INITIATIVES FOR MATERNAL, NEWBORN AND CHILD HEALTH

A module of the "Improving the quality of care for maternal, newborn and child health - Implementation guide for facility, district and national levels"



Support for Implementation

<http://www.qualityofcarenetwork.org/>

- **MNCH QoC Implementation Guide for facility, district and national levels**
- **Technical support:**
 - Policy dialogue and needs assessment
 - Adaptation process and developing the QoC implementation package
 - Capacity building on use of the standards
- **MNCH QoC measurement handbook**
- **Engaging with the community in implementation of the standards**
- **Human resource strategies**
- **A community of practice for MNCH Quality of Care: request to join: bit.ly/JoinCoP and Website of the Network**
- **Development of a national quality policy and strategy: http://www.who.int/servicedeliverysafety/areas/qhc/nqps_handbook/en/**
- **Newborn health in humanitarian settings and specific guidance for outbreaks**

Conclusions

- The standards for improving the quality of care for small and sick newborns define and standardize inpatient care for newborns
- They are a tool to organize, plan and deliver quality newborn care in the context of universal health coverage both in stable and humanitarian situations, including outbreaks
- By progressively strengthening all the eight domains of the QoC framework it will be possible to expand access to quality neonatal care services and improve neonatal outcomes





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THANK YOU

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