Newborn survival

Until the mid to late 1990s, estimates of the number of child deaths occurring during the neonatal period (the first month of life) were drawn from rough historical data rather than from specific surveys. More rigorous estimates for newborn deaths emerged in 1995 and 2000, as data from reliable household surveys became available. Analysis of these data made it evident that previous estimates had seriously understated the scale of the problem. Although the global neonatal mortality rate has decreased slightly since 1980, neonatal deaths have become proportionally much more significant because the reduction of neonatal mortality has been slower than that of under-five mortality. Between 1980 and 2000, deaths in the first month of life declined by a quarter; while deaths between one month and five years declined by a third.

The latest evidence is that 4 million babies die each year in their first month of life. One child is about 500 times more likely to die in their first month of life, and up to half of these die in their first year. For every newborn baby who dies, another 20 suffer birth injury, complications arising from preterm birth or other neonatal conditions.

Significant improvements in the early neonatal period will depend on essential interventions for mothers and babies before, during and immediately after birth. According to the latest estimates for 2000–2006, at present in the developing world, one quarter of pregnant women do not receive even a single visit from a skilled health personnel (doctor, nurse, midwife); only 59 per cent of births take place with the assistance of a skilled attendant; and just over half take place in a health facility. Averting neonatal deaths is pivotal to reducing child mortality. The Lancet Neonatal Survival Series, published in 2005, estimated that 3 million of the 4 million deaths could be prevented each year if high coverage (90 per cent) is achieved for a package of proven, cost-effective interventions that are delivered through outreach, families and communities, and facility-based clinical care across a continuum of maternal and child health care.

Actions required to save newborns include setting evidence-based, results-oriented plans at the national level with specific strategies to reach the poorest, greater funding, agreed targets for neonatal mortality reduction, and promotion of greater harmonization and accountability on the part of stakeholders at the international level.

Figure 1.3
High-impact, simple interventions to save newborn lives within the continuum of maternal and child health care

- Skilled obstetric and immediate newborn care, including resuscitation
- Emergency obstetric care to manage complications, such as obstructed labour, breech, haemorrhage, pre-eclampsia and preterm labour
- Postnatal care to support health practices
- Emergency newborn care for illness, especially sepsis, management, resuscitation of newborns and care of very low birthweight babies
- Family and community
- Birth preparedness and promotion of demand for care and readiness for emergencies
- Counselling and preparation for newborn care
- Clean delivery
- Hygienic cord/anal care, thermal care, promotion of early and exclusive breastfeeding
- Community case management for pneumonia

* Additional interventions for settings with stronger health systems and lower mortality.

** Situational interventions necessary in certain settings, such as areas of high malaria prevalence.

Note: This figure includes 16 interventions with proven efficacy in reducing neonatal mortality. Other important interventions are delivered during this time period but are not shown here because they are not on neonatal deaths (e.g., prevention of mother-to-child transmission of HIV). For some of the interventions listed, the service delivery mode may vary between settings.


See References, page 104.