



# NEWBORN HEALTH: LAC



The Maternal and Child Health Integrated Program (MCHIP) is the United States Agency for International Development (USAID) Bureau for Global Health's flagship maternal, newborn and child health program. Awarded in September 2008 to Jhpiego and partners, MCHIP focuses on reducing maternal, neonatal and child mortality in over 40 priority countries in Africa, Asia, Latin America and the Caribbean (LAC).

It is estimated that in Latin America and the Caribbean, 121,000 newborns die (newborn mortality rate [NMR] 11/1,000 live births)<sup>1</sup> and 8,800 women succumb to complications (maternal mortality rate [MMR] 80/100,000 live births) related to pregnancy and childbirth every year<sup>2</sup>. Nevertheless, there is great variability throughout the region, as some countries have a NMR as high as 27/1,000 live births (Haiti), and some as low as

3/1,000 live births (Cuba) and 5/1,000 live births (Chile)<sup>4</sup>. There is also an inverse correlation between NMR and skilled birth attendance (SBA) in the region, with the exception of a few countries such as the Dominican Republic (DR), where SBA is 98% but the NMR continues to be high at 17/1,000 live births. The countries with the highest newborn mortality rates (Haiti, Bolivia and Guatemala) have a high number of rural and indigenous populations and/or a low SBA rate because of lack of access and/or other barriers<sup>3</sup>. One of the region's biggest inequities relates to income quintiles, where the NMR of the poorest quintile is double that of the richest within countries. The three major causes of neonatal mortality worldwide are asphyxia, infection and complications due to preterm births, which together account for 77% of deaths of children under five years of age in the region<sup>4</sup>. The three main causes of newborn deaths in LAC are consistent with the global situation, and numbers of premature births and deaths from related complications are increasing, representing the second largest cause of deaths in children under five years of age in 2010<sup>5</sup>. Many neonatal deaths could be prevented with improved care and the scale-up of proven interventions. A selection of MCHIP's work in the LAC region is outlined below.

## A Regional Approach: The LAC Neonatal Alliance

Since 2004, USAID and its partners have supported the LAC Neonatal Alliance, whose charter members were USAID's LAC Bureau, The Pan American Health Organization (PAHO), the CORE Group, the Access to Clinical and Community Maternal, Neonatal and Women's Health Services (ACCESS) Program, Save the Children's Saving Newborn Lives (SNL), the Health Care Improvement Project (HCI), The United Nations Children's Fund (UNICEF) and USAID's Basic Support for Institutionalizing Child Survival Project (BASICS). ACCESS and BASICS have ended and MCHIP has been a member since 2009 and chair since 2011. The Alliance has expanded membership to include regional professional associations (Pediatric, Obstetrics and Gynecology, International Confederation of Midwives, and Nursing) and other new members such as the Mesoamerica Health Initiative 2015 (SM2015) and the Colombian Kangaroo Mother Care Foundation, to facilitate collaboration between the professional organizations and to further integrate newborn health efforts in the region. USAID and these partners have worked to foster a consensus among countries in the region on essential actions for newborn health through the establishment of a

<sup>1</sup> MZ Oestergaard, M Inoue, S Yoshida, WR Mahanani, FM Gore, S Cousens, JE Lawn, CD Mathers, on behalf of the United Nations Inter-agency Group for Child Mortality Estimation and the Child Health Epidemiology Reference Group. Neonatal Mortality Levels for 193 Countries in 2009 with Trends since 1990: A Systematic Analysis of Progress, Projections, and Priorities. 2011. PLoS Medicine 8:8

<sup>2</sup> WHO, UNICEF, UNFPA, World Bank. Trends in Maternal Mortality: 1990-2010.

<sup>3</sup> WHO, UNICEF, USAID, ACCESS, PAHO, BASICS, CORE, Saving Newborn Lives, Save the Children USA. Reducing Neonatal Mortality and Morbidity in Latin America and The Caribbean: An Interagency Strategic Consensus. 2007.

<sup>4</sup> L Liu, HL Johnson, S Cousens, J Perin, S Scott, JE Lawn, I Rudan, H Campbell, R Cibulskis, M Li, C Mathers, RE Black, for the Child Health Epidemiology Reference Group of WHO and UNICEF. Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000. The Lancet, Early Online Publication, 11 May 2012. doi:10.1016/S0140-6736(12)60560-1

<sup>5</sup> H Blencowe, S Cousens, MZ Oestergaard, D Chou, AB Moller, R Narwal, A Adler, C Vera Garcia, S Rohde, L Say, JE Lawn. National, regional, and worldwide estimates of preterm birth rates in the year 2010 with time trends since 1990 for selected countries: a systematic analysis and implications. The Lancet. 9 June 2012. doi:10.1016/S0140-6736(12)60820-4.

regional strategy and the development of a regional action plan to promote newborn health, with special focus on the most vulnerable populations. This plan was approved as a resolution by PAHO's Directing Council in September of 2008. MCHIP and partners represent the Alliance in the various forums related to newborn health in the region. The Alliance members continue to work to strengthen country plans of action to reduce neonatal mortality in the region, and to implement initiatives to address the causes of newborn mortality in LAC with a regional approach.

Given the importance of examining the mother-newborn dyad in an integrated manner in order to have an impact on Millennium Development Goals numbers four and five, the LAC Neonatal Alliance includes maternal as well as newborn experts. In collaboration with the MCHIP maternal health team, these partners are including messages on management of maternal conditions that also impact the fetus/newborn in their presentations and discussions.



National Neonatal Alliances are now functioning in Barbados, Belize, Bolivia, Colombia, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, and Peru.

### Prevention of Sepsis and South-to-South Learning

Sepsis is one of the main causes of neonatal mortality, contributing to 23% of deaths in newborns in LAC<sup>4</sup>. To address gaps in quality of care, MCHIP is continuing a strategy implemented by BASICS from 2006 to 2009, which helps partners operationalize quality improvement of the prevention and treatment of neonatal sepsis. The project incorporates distance learning methodologies with in-country support and elements of collaborative models for quality improvement. Currently, the intervention continues in three referral facilities in the DR (benefiting displaced Haitian populations, among others) and in three facilities in Paraguay (one of which is in the poorest province in the country). An assessment of the treatment of newborn infections in the DR is being conducted, and quality improvement changes will be recommended regionally in accordance with the findings. Activities will expand to other countries in the region through a regional network. Additionally, South-to-South virtual exchanges of experiences and technical updates between participating countries, as well as the sharing of experiences and lessons learned in regional forums, continue to take place.

### Other Newborn Health Priorities: Kangaroo Mother Care (KMC) and Helping Babies Breathe (HBB)

MCHIP supports the scale up of evidence-based methods to address the most pressing neonatal health risks, including Kangaroo Mother Care (KMC) for preterm births and babies with low weight at birth and Helping Babies Breathe (HBB) for newborn resuscitation. Since 2010, MCHIP has provided technical assistance in newborn health priority programs (resuscitation/HBB and facility KMC) for achieving regional and country scale-up. MCHIP is coordinating the efforts and measurements of the KMC implementation, as well as facilitating the regional standardization of the KMC implementation approach, tools and indicators, and providing technical assistance through a newly formed regional KMC network with participation from Honduras, Guatemala, El Salvador, Nicaragua, Ecuador, Paraguay, the DR, Haiti, Peru, Colombia and Bolivia.

MCHIP is also coordinating a support mechanism for the implementation of HBB in the region, working with the Health Care Improvement Project (URC/HCI) countries (El Salvador, Nicaragua, Guatemala, Honduras and Ecuador) among other partners, implementing the curriculum in the DR, and carrying out regional trainings. In order to utilize the strength of the LAC Neonatal Alliance platform and partners, trainings frequently take place in conjunction with regional meetings of partner professional organizations and others. Trainings of Master Trainer teams have been conducted in Trinidad and Tobago in coordination with the International Midwifery Confederation, in Colombia in coordination with PAHO, and in Peru in coordination with the National Midwifery Association, among others. Trainings will continue throughout the region with support from the LAC Neonatal Alliance and other partners.

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