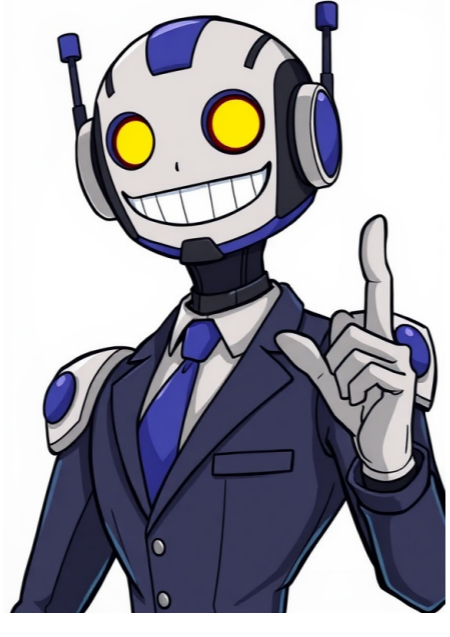


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Skip to main content Skip to main content The first month of life is the most vulnerable period for child survival, with 2.3 million newborns dying in 2022. Neonatal deaths have decreased by 44% since 2000. Yet in 2022, nearly half (47%) of all deaths in children under 5 years of age occurred in the newborn period (the first 28 days of life), which is among the most vulnerable periods of life and requires intensified quality intrapartum and newborn care. In 2022, sub-Saharan Africa accounted for 57% (2.8 (2.5–3.3) million) of total under-5 deaths but only 30% of global live births. Sub-Saharan Africa had the highest neonatal mortality rate in the world at 27 deaths per 1000 live births, followed by central and southern Asia, with a neonatal mortality rate of 21 deaths per 1000 live births. Premature birth, birth complications (birth asphyxia/trauma), neonatal infections and congenital anomalies remain the leading causes of neonatal deaths. Children who die within the first 28 days of birth suffer from conditions and diseases associated with lack of quality care at birth or skilled care and treatment immediately after birth and in the first days of life. Women who receive midwife-led continuity of care (MLCC) provided by professional midwives, educated and regulated to international standards, are 16% less likely to lose their babies and 24% less likely to experience a pre-term birth. Globally 2.3 million children died in the first 28 days of life in 2022. There are approximately 6500 newborn deaths every day, amounting to 47% of all child deaths under the age of 5 years. The world has made substantial progress in child survival since 1990. Globally, the number of neonatal deaths declined from 5.0 million in 1990 to 2.3 million in 2022. However, the decline in neonatal mortality from 1990 to 2022 has been slower than that of post-neonatal under-5 mortality. Moreover, the gains have reduced significantly since 2010, and 64 countries will fall short of meeting the Sustainable Development Goals target for neonatal mortality by 2030 unless urgent action is taken. Children continue to

face different chances of survival based on where they are born, with sub-Saharan Africa and southern and central Asia bearing the heaviest burden for newborn deaths. Sub-Saharan Africa had the highest neonatal mortality rate in 2022 at 27 deaths per 1000 live births, followed by central and southern Asia with 21 deaths per 1000 live births. In sub-Saharan Africa the risk of death in the first month of life is 11 times higher than that in the lowest-mortality region, Australia and New Zealand. At country level, NMRs in 2022 ranged from 0.7 death per 1000 live births to 39.4 deaths per 1000 live births, and the risk of dying before the 28th day of life for a child born in the highest-mortality country was about 60 times greater than in the lowest-mortality country. Causes Most neonatal deaths (75%) occur during the first week of life, and about 1 million newborns die within the first 24 hours. Among neonates, the leading causes of death include premature birth, birth complications (birth asphyxia/trauma), neonatal infections and congenital anomalies, which collectively account for almost 4 in every 10 deaths in children under 5 years of age. It is worth noting that although the rates for the leading causes of neonatal deaths have declined globally since 2000, they accounted for the same proportion of under-5 deaths - 4 in 10 - in 2000 and 2022. Access to and availability of quality health care continues to be a matter of life or death for mothers and newborns globally. Priority strategies The vast majority of newborn deaths take place in low and middle-income countries. Plans to improve newborn survival should be built on a strong foundation of essential newborn care and align with the Every Newborn Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM) targets on antenatal care, postnatal care, skilled health personnel and emergency obstetric and newborn care. Increasing financing and allocating resources towards two very high-impact but high-cost interventions - care for small and sick newborns and emergency obstetric care - are critical, as these measures provide quadruple returns on investment by reducing maternal deaths, stillbirths, newborn deaths and both maternal and newborn morbidity. In settings with well-functioning midwife programmes, the provision of midwife-led continuity of care (MLCC) can reduce preterm births by up to 24%. MLCC is a model of care in which a midwife or a team of midwives provide care to the same woman throughout her pregnancy, childbirth and the postnatal period, calling upon medical support if necessary. With the increase in facility births (almost 80% globally), there is a great opportunity for providing essential newborn care and identifying and managing high risk newborns. However, few women and newborns stay in the facility for the recommended 24 hours after birth, which is the most critical time when complications can present. In addition, too many newborns die at home because of early discharge from the hospital, barriers to access and delays in seeking care. The four recommended postnatal care contacts delivered at health facility or through home visits play a key role to reach these newborns and their families. Accelerated progress for neonatal survival and promotion of health and well-being requires strengthening quality of care as well as ensuring availability of quality health services or the small and sick newborn. Essential newborn care All babies should receive the following: thermal protection (e. g. promoting skin-to-skin contact between mother and infant); hygienic umbilical cord and skin care; early and exclusive breastfeeding; assessment for signs of serious health problems or need of additional care (e.g. those that are low-birth-weight, sick or have an HIV-infected mother); and preventive treatment (e. g. immunization BCG and Hepatitis B, vitamin K and ocular prophylaxis). Families should be advised to seek prompt medical care if necessary (danger signs include feeding problems, or if the newborn has reduced activity, difficult breathing, a fever, fits or convulsions, or feels cold); register the birth; and bring the baby for timely vaccination according to national schedules. Some newborns require additional attention and care during hospitalization and at home to minimize their health risks. Low-birthweight and preterm babies: If a low-birth weight newborn is identified at home, the family should be helped in locating a hospital or facility to care for the baby. Care should include: increased attention to keeping the newborn warm, including skin-to-skin care, unless there are medically justifiable reasons for delayed contact with the mother; assistance with initiation of breastfeeding, such as helping the mother express breast milk for feeding the baby from a cup or other means if necessary; extra attention to hygiene, especially hand washing; extra attention to danger signs and the need for care; and additional support for breastfeeding and monitoring growth. Sick newborns: Danger signs should be identified as soon as possible in health facilities or at home and the baby referred to the appropriate service for further diagnosis and care. If a sick newborn is identified at home, the family should be helped in locating a hospital or facility to care for the baby. Newborns of HIV-infected mothers: Care should include: preventive antiretroviral treatment (ART) for mothers and newborns to prevent opportunistic infections; HIV testing and care for exposed infants; and counselling and support to mothers for infant feeding. Community health workers should be aware of the specialized issues around infant feeding. Many HIV-infected newborns are born prematurely and are more susceptible to infections. WHO response WHO is working with ministries of health and partners to: strengthen and invest in primary healthcare, particularly around the time of birth and the first week of life as most newborns are dying in this time period; improve the quality of maternal and newborn care from pregnancy to the entire postnatal period, including strengthening midwifery; expand quality services for small and sick newborns, including through strengthening neonatal nursing; reduce inequities in accordance with the principles of universal health coverage, including addressing the needs of newborns in humanitarian and fragile settings; promote engagement of and empower mothers, families and communities to participate in and demand quality newborn care; and strengthen measurement, programme tracking and accountability to count every newborn and stillbirth. Skip to main content Skip to main content Essential Newborn Care Course Second edition Incorporating guidance from recent WHO recommendations Addressing global gaps in care Including links to key references and resources Clinical practice with newborns Quality improvement template to identify gaps and solutions Use of local data to check for improvement Focus on sustained improvement ENCC is designed for all health workers who care for newborns: Midwives Nurses Physicians (medical officers, pediatricians, obstetricians) All other cadres including community health workers with newborn care in their scope of practice. Interprofessional education in ENCC sessions strengthens communication and teamwork. ENCC can be used in both in-service (refresher and orientation) and pre-service (nursing, midwifery, medical) education. Immediate Care and Helping Babies Breathe at Birth The first 60 minutes after birth Assessment and Continuing Care From 60-90 minutes to discharge from the facility and first month Action Plans - Pictorial wall charts that provide the evaluation/decision/action framework for providing care. Facilitator Flipcharts - Images make concepts visible to participants and key messages guide facilitators. Provider Guides - Participant resource for practice during a course, just-in-time refresher learning, and ideas for changes to improve care. Simulation Practice Cards - Group practice simulations for continued building of skills and teamwork. Parent Guide - Pictorial chart or handout to emphasize key messages for continuing essential newborn care at home. Each module explores important steps of care through interactive slide sets with notes to guide active learning. Demonstrations and hands-on practice, simulations, questions and discussion, videos for examination of the evidence behind recommendations Clinical practice to build skills and observe routine care in the facility Quality improvement activities to identify gaps in care and prioritize improvement aims. Three cross-cutting modules addresses the foundation for quality in all newborn care: Communication and respectful care Infection prevention for newborns Data collection and use Ten thematic modules explore specific issues: Care at birth and in the first hour Examination of the newborn Feeding Special care of small newborns Flexible components allow organisers and facilitators to select the content that the participants need. Courses are held in the health facility or where newborn care is provided. Flexible learning agendas allow concentrated sessions over one to three days, or distributed sessions over weeks or months. Materials can be used in digital format for laptops or mobile phones and in print. The educational materials can be adapted to all contexts where newborns are cared for including fragile settings, conflict, humanitarian situations, and hard-to-reach settings. Skip to main content High-quality universal newborn health care is the right of every newborn everywhere. Babies have the right to be protected from injury and infection, to breathe normally, to be warm and to be fed. All newborns should have access to essential newborn care, which is the critical care for all babies in the first days after birth. Essential newborn care involves immediate care at the time of birth, and essential care during the entire newborn period. It is needed both in the health facility and at home. Essential newborn care includes: Immediate care at birth (delayed cord clamping, thorough drying, assessment of breathing, skin-to-skin contact, early initiation of breastfeeding) Thermal care Resuscitation when needed Support for breast milk feeding Nurturing care Infection prevention Assessment of health problems Recognition and response to danger signs Timely and safe referral when needed Working with families and partners to implement the Every Newborn: An action plan to end preventable deaths adopted in May 2014 in the framework of the UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health (2016-30). Working with countries to strengthen the availability and quality of data on routine health care for babies Coordinating the development of indicators at national and subnational level to assess coverage of key indicators for essential newborn care Regularly updating clinical guidelines for the routine care of newborns Supporting countries to implement these guidelines Selected guidelines This up-to-date, comprehensive and consolidated guideline on essential intrapartum care brings together new and existing WHO recommendations that, when... This guideline aims to improve the quality of essential, routine postnatal care for women and newborns with the ultimate goal of improving maternal and... Working with partners to develop tools to improve health workers' skills and to assess the quality of health care provided to all babies Much progress has been made during the past two decades in coverage of births in health facilities; however, reductions in maternal and neonatal mortality... Deaths in the neonatal period (the first 28 days of life) now represent nearly half (47%) of all deaths of children under 5 years, with 2.5 million neonatal... Skip to main content Please note that this publication is being updated. This publication on WHO recommendations related to newborn health is one of four in a series; the others... The primary audience for this guideline includes health-care professionals who are responsible for developing national and local health-care protocols... This is the second edition of the Pocket book of hospital care for children. It is for use by doctors, nurses and other health workers who are responsible... The guidelines focus on postnatal care of mothers and newborns in resource-limited settings in low- and middle-income countries. The critical maternal... Supporting parents and caregivers requires a whole-of-society approach, with coordinated responses from the health, education, social services, private... This guide is designed to help health workers support mothers and families in practising Kangaroo Mother Care (KMC) in health facilities at all levels... This guide supports health workers in counselling parents and families of preterm and low birth weight (LBW) newborns on the essential practice of Kangaroo... WHO coordinated a set of analyses to consider individual and accumulated risks of infant and child mortality. In March 2024, WHO convened a meeting of... Every child has the right to safe, quality health care — from the very beginning. Yet, newborns and young children face higher risks due to their rapid development, evolving health needs and different disease patterns. They rely on adults to speak up and make decisions for them. Children may also face added challenges depending on their socio-economic circumstances, such as not being able to get the care they need. These factors make them more susceptible to harm if care isn't specifically adapted to their age, size, health condition and context. A single safety incident can have lifelong consequences for a child's health and development. That's why World Patient Safety Day 2025 is dedicated to ensuring safe care for every newborn and child, with a special focus on those from birth to nine years old. This year's slogan, "Patient safety from the start!", emphasizes the urgent need to act early and consistently to prevent harm throughout childhood, and yield benefits across the life course. WHO calls on parents, caregivers, health practitioners, health care leaders, educators and communities, to unite in action to prevent avoidable harm in paediatric care and to build a safer, healthier future for every child, as part of the global effort to achieve Sustainable Development Goal 3. Campaign materials can be found on the campaign essentials page. Children aren't small adults. They require individualized safe care. Children need care that fits them—their age, weight, developmental stage, medical needs, ability to communicate and specific context. Safety first, always and in every health care setting. Children are most at risk in intensive care and during complex treatments. Protecting them from unsafe care must come first. The most common causes of harm are known. These include errors with medications and diagnosis, infections caught during care, problems with medical equipment, such as tubes or monitors, and missed warning signs when a child's condition starts getting worse. Safer care depends on safe systems and teamwork. Well-designed systems, supported staff and engaged caregivers keep children safe. Every voice counts. On 17 September, let's cast an orange glow across the globe to shine a light on the importance of safe care for every newborn and every child. From hospitals to homes, every child deserves a safe start in life. Let's illuminate buildings, landmarks, and monuments as beacons of our shared commitment to protecting the youngest and most vulnerable among us. This year, WHO will light up the iconic Jet d'Eau in Geneva, symbolizing our global dedication to patient safety from the very beginning. Join the worldwide wave—light up the night in orange and stand for safer care for every child! Skip to main content Frontline health workers remain the most effective resource for managing sick children, screening them for preventable problems, and providing critical... This well-child care (WCC) scoping review aimed to review the existing policies, strategies and programmes for identifying gaps and developing... The Global Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey Report for the Western Pacific Region 2020 was developed by the WHO... The Third Biennial Meeting on Accelerating Progress in early essential newborn care (EENC): Synergies with Hospital Quality and Patient Safety... This publication on WHO recommendations related to newborn health is one of four in a series; the others relate to maternal, child and adolescent health. The objective of this document is to make available WHO recommendations on newborn health in one easy-to-access document for WHO staff, policy-makers, programme managers, and health professionals. The compilation can also help better define gaps to prioritize guideline updates. This document is meant to respond to the questions: What health interventions should be the newborn and young infants less than 2 months of age receive and when should s/he receive it? What health behaviours should a mother/caregiver practise (or not practise)?

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