



GLOBAL HEALTH

Newborn Health

The first 28 days of a child's life – the neonatal, or newborn, period – carries the highest risk of death. It is also the most dangerous period for the newborn's mother. Each year, 2.3 million newborns die, 1.9 million babies are stillborn, and 287,000 women die globally during and following pregnancy or childbirth as of 2020. About 1 million children die on their first day, making the day of birth the most dangerous day for babies globally (World Health Organization–WHO).

Our newborn health programs focus on **preventing and treating the main causes of newborn deaths: preterm birth, infections, and complications during childbirth**. These three conditions account for more than 80% of newborn deaths. Quality health care can save up to two-thirds of newborn lives when provided by trained or skilled health workers. Investment in the provision of quality care around the time of birth provides a quadruple return on investment by reducing neonatal deaths, stillbirths, maternal deaths, and newborn and infant morbidity.

Save the Children believes every child deserves a future. For newborn health, we support a continuum of care for women and babies before and during pregnancy, during and after birth, and even after a woman and her baby have returned home. We also provide special care for premature and sick babies to help them survive. With over 100 years of expertise, we are the world's first and leading independent children's organization – transforming lives and the future we share.

KEY FACTS

- In 2022, there were 2.3 million neonatal deaths (within the first 20 days of life) and 1.9 million stillbirths globally as of 2021. (WHO)
- About 15% of babies were low birthweight (<2.5kg) but represented about 80% of neonatal deaths. (UNICEF)
- 75% of newborn deaths are due to three main causes: preterm birth complications, severe infections, and complications during childbirth (notably 'birth asphyxia'), with congenital anomalies accounting for 10% of neonatal deaths. (WHO)
- Over 90% of neonatal deaths occur in sub-Saharan Africa and South Asia. (WHO)

OUR IMPACT

- Our advocacy and technical assistance enable governments to establish evidence-based policies and guidelines to deliver quality, high-impact newborn health interventions through existing health systems, including via the private sector.
- We generate evidence of what works in different health system contexts to save newborn lives, identifying the important barriers and learning how governments and their partners can impact newborn mortality by achieving scale up of high-impact interventions.

Providing high-impact interventions requires a well-trained and supervised health workforce, essential equipment and medicines, logistics management systems to ensure uninterrupted medicine and commodity availability, and routine data collected and used for quality improvement in service delivery.

Care for Pregnant Women

We support key elements of quality care during pregnancy, including preventive services such as provision of immunizations and iron/folate supplements, as well as presumptive treatment of malaria when relevant, nutrition counseling, and complication readiness, including counseling expectant mothers on pregnancy and childbirth danger signs. We aim to influence maternal and newborn health service providers to identify and manage complications in pregnant women such as infections (e.g., HIV, tuberculosis, and sexually transmitted infections), anemia, and preeclampsia/eclampsia. This is partly done through counseling and assisting women on birth preparedness, with emphasis on delivery with a skilled birth attendant.

Childbirth Care

We work to ensure that mothers and newborns receive quality care during childbirth, including safe and respectful care during and after delivery for both the mother and newborn, and appropriate and timely emergency care to manage complications. We promote that service providers uniformly use clean birth practices, including handwashing, to prevent life-threatening infections. We equip providers with skills and tools to monitor fetal (and maternal) status during labor and take appropriate and timely actions to manage complications. Early essential newborn care provided by a skilled birth attendant is critical to the newborn's healthy start, and includes thermal care, immediate skin-to-skin contact as much as possible, immediate and exclusive breastfeeding, delayed cord clamping, and neonatal resuscitation within the first minute if the newborn is not breathing at birth.

Postnatal Care

Postnatal care is recommended by the WHO for all mothers and newborns to ensure a healthy start, with the first contact as soon as possible up to 48 hours after birth, followed by subsequent contacts within the first week and month. These contacts are an opportunity for health care workers to provide counseling, emotional support, and assessment and early management for any complications after birth. We promote program approaches that link health facilities with mothers and newborns to ensure healthy practices at home. We also developed an innovative approach to provide pre-discharge assessments, counseling, and linkages with community health workers to reach babies and mothers at highest risk for complications, illness, and death.

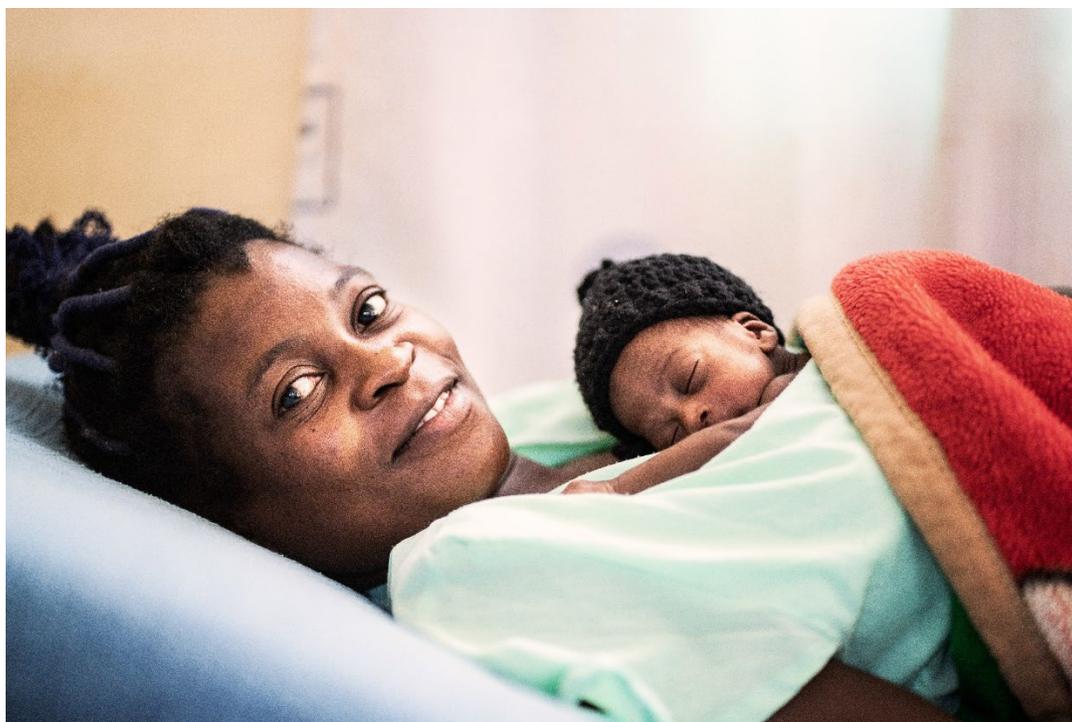
Newborn Health in Humanitarian Settings

Countries experiencing humanitarian crises are among those with the highest rates of newborn mortality. Save the Children played a lead role in developing the [*Newborn Health in Humanitarian Settings Field Guide*](#), which provides guidance and tools to reduce newborn illness and death in humanitarian settings. A [*Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings 2020-2025*](#) was also developed to set a vision for improving health for mothers and newborns in humanitarian settings.

Kangaroo Mother Care and Small and Sick Newborn Care

Kangaroo mother care (KMC) is a [proven intervention](#) that includes continuous skin-to-skin contact between mother and baby, exclusive breastmilk feeding, and is usually continued at home by the family. Ensuring KMC in health facilities and follow-up support for continuation at home improves survival of preterm and low birthweight babies. It is also important that these vulnerable babies continue to be monitored after discharge to ensure they grow and develop to their best potential. Recent evidence and WHO guidelines promote the non-separation of mothers and small/preterm babies, and especially providing KMC immediately or as soon after birth as possible, continuing KMC for as much as 20 hours per day. KMC is integral to the provision of family-centered and nurturing care according to the WHO Nurturing Care Framework. Additional elements of small and sick newborn care (SSNC) include:

- assisted breastmilk feeds with nasogastric tube, cup, or spoon for non-suckling newborns;
- respiratory support using bubble continuous positive airway pressure (CPAP) for respiratory distress;
- safe use of oxygen, including monitoring of blood oxygen levels to prevent later complications;
- early detection and management of serious infection;
- management of severe jaundice;
- IV fluids as needed; and
- pre-discharge planning linked to community follow-up care to support mothers and fathers to care for their newborns in the facility and at home.



*Lilian, 32, holding her newborn baby in the Kangaroo Mother Care ward
at a hospital in Bungoma, Kenya.*

Newborn Health Program Highlights

Healthy Newborn Network

Save the Children continues to manage the **Healthy Newborn Network (HNN)**, the leading knowledge platform dedicated to identifying and sharing critical evidence and knowledge on the health and wellbeing of newborns and the families and communities that care for them. A legacy of [the Saving Newborn Lives projects \(2000-2020\)](#), experts working in newborn health and related areas share key resources, data, experiences, and lessons, and help increase global commitment to advance newborn health.

Momentum Country and Global Leadership

The aim of the USAID-funded **MOMENTUM Country and Global Leadership project (2019-2024)** is to [holistically improve family planning and maternal, newborn, and child health](#) in partner countries around the world. The project focuses on technical and capacity strengthening assistance to ministries of health and other country partners to improve outcomes. MOMENTUM Country and Global Leadership builds upon existing evidence and best practices and catalyzes innovations that enable government-led partnerships to deliver high-quality, evidence-based interventions that accelerate reductions in maternal, newborn, and child mortality and illness at scale.

USAID Kulawa

USAID Kulawa (2020-2025) is the USAID Resilience in the Sahel Enhanced II (RISE II) Health Services Delivery [activity in Niger](#), which works to improve access to and use of quality health services, strengthening ownership and management by communities, government, and service providers. USAID Kulawa—meaning “care” in Hausa—strives to close the equity gap (the difference in abilities to access services) in maternal, newborn, and child health (MNCH), family planning/reproductive health (FP/RH), and nutrition service access and use. USAID Kulawa builds on prior efforts to improve the health of people in Niger.



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Saving Newborns with Innovative Technologies

This newborn in Bangladesh struggled with delayed crying and chest indrawing, as well as low oxygen saturation levels. He was diagnosed with severe perinatal asphyxia. To address the problem, trained staff put the baby on bubble continuous positive airway pressure (bCPAP) from Vayu Global Health, which does not require electricity. After 3 days on Vayu bCPAP, his oxygen saturation levels improved, and he was able to be taken off the device and go home with his family. Trained staff and innovative technology helped to save this newborn's life.

SWAP Project

The **Saving Women and Preterm Babies (SWAP) Project** in [Bangladesh](#) (January 2022 - January 2025) and [Uganda](#) (November 2021 - November 2025) aims to increase the survival of small and sick newborns, as well as prevent and manage specific maternal health conditions which can result in mortality for pregnant women and result in preterm births. In both countries, SWAP utilizes innovative technologies, including the [Vayu Bubble Continuous Positive Airway Pressure \(CPAP\) machine](#) and cutting-edge clinical decision-making tools (e.g., PRISMS in Uganda), as well as trainings and mentorships, to improve care for small, sick, and preterm newborns in health facilities. Trainings, mentorships, and quality improvement initiatives are also implemented in project facilities for the improvement of maternal health care, such as the identification and treatment of preeclampsia/eclampsia and postpartum hemorrhage. Finally, SWAP uses other technologies, such as [NeoNatalie Live](#), and new packages, like Family-Centered Care (Bangladesh), to enhance trainings for health care providers. Overall, the SWAP project draws from the latest evidence and technology to save maternal and newborn lives.

MaMoni MNCSP

USAID's **MaMoni Maternal and Newborn Care Strengthening Project (MaMoni MNCSP) (2018-2023)** supported the Bangladesh Ministry of Health and Family Welfare (MOH&FW) to [reduce maternal and newborn deaths](#) by increasing utilization of quality maternal and newborn care (MNC) services in Bangladesh. Additionally, the project facilitated health system improvements and policy changes for sustained impact at scale. MaMoni MNCSP was implemented by a consortium in 17 districts and one island in Bangladesh, covering 35 million people. In response to the COVID-19 pandemic, the project also received additional funding to work with the government to strengthen the health system response to community transmission, minimize health risks to individuals, and avoid adverse health outcomes in 21 districts.