I am very pleased to present the first edition of the newborn health bulletin of Bangladesh. The purpose of this bulletin is to provide regular updates on the progress made by various initiatives by the Ministry of Health and Family Welfare, professional associations, development partners and other stakeholders to improve the survival and well-being of newborns in the country. This bulletin will primarily focus on the evidence-based newborn interventions prioritized by the Government of Bangladesh for accelerating the reduction of newborn mortality in the country.

The contents of this bulletin were prepared by the Newborn and Child Health Cell of IMCI section, Directorate General of Health Services. The first edition of this bulletin may not have captured all the excellent efforts by various partners to support the various interventions. We aim to include updates on all interventions in the subsequent editions of the Newborn Health Bulletin. I welcome more inputs and ideas from all partners and collaborators to make this bulletin more informative and interesting for all audiences.

I look forward to receiving your feedback and your contributions to the next bulletin.

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Bangladesh have achieved MDG4 target well ahead of time. Now it is the time to shift the focus on the Sustainable Development Goal (SDG) target of reducing neonatal mortality rate (NMR) below 12/1000 live birth by 2030. The yearly rate of reduction of neonatal mortality which contributes 61% of all under-five mortality is much slower than expected level. Achieving the SDG target will almost require doubling the current rate of reduction. 88% of all neonatal deaths in Bangladesh are from three highly preventable causes: severe infection, intrapartum related (birth asphyxia) and complication of preterm birth. The recommended priority interventions for newborn survival of “A Promise renewed-Call for action” declaration are: essential newborn care including the application of 7.1% Chlorhexidine for newborn cord care and resuscitation, management of referral failure neonatal sepsis from primary care level facilities, use of antenatal corticosteroid for preterm labor, Kangaroo Mother Care and Special care newborn units/newborn stabilization unit for advanced newborn care at district and sub-district level. MOH&FW has decided for national scaling-up of these interventions. A number of development partners, professional associations, national and international NGOs and newborn health practitioners are supporting the efforts of MOH&FW to introduce and scale up these interventions across the country.

Some of recent developments in newborn health in Bangladesh:

- Endorsement of national guidelines for four priority newborn interventions identified in the Bangladesh declaration of Committing to Child Survival: A Promise renewed
- Finalization of the priority interventions under the Bangladesh Every Newborn Action Plan (BENAP)
- Finalization of the newborn health indicators and incorporation into the health management information systems of DGHS and DGFP
- Orientation of all health care providers, supervisors and managers on essential newborn care including the use of 7.1% Chlorhexidine for umbilical cord care in all 64 districts
- Establishment of KMC learning centers at national and district levels
- Establishment of functioning SCANU at secondary and tertiary level hospital in 42 facilities
- Implementation research on the management of infections among young infants (0-59 days) at union level facilities, where referral is not possible in three sites: Kushtia, Lakshmipur and Sylhet
- Development of national communication campaign for newborn intervention
- District learning laboratory in Kushtia: development and demonstration of Comprehensive Newborn Care Package (CNCP) incorporating all priority newborn interventions

Highlight of key interventions:

Management of birth asphyxia:
Birth asphyxia is one of the major causes of neonatal death that attributes to one-fifth of newborn deaths in the country. Immediate newborn assessment followed by corrective measures (if necessary) to initiate and sustain breathing within the Golden One minute after birth. Under a national plan HBB was rolled out nationally in 64 districts. As of September 2016, a total number of 28,189 SBAs are trained. 1,633 training equipment sets and 1,5271 resuscitation equipment sets were provided to the trainees and facilities. A buffer stock of equipment is provided to all 64 district Civil Surgeon office. A review conducted during August 2016, collected information from approximately 3488 MOHFW providers. Finding shows that 83% of SBA had resuscitation device, 81% of them was cleaned appropriately and 66% of the provider used the device in previous week from the day of interview.
Sepsis is responsible for almost a quarter of neonatal deaths. Bangladesh recommends interventions for prevention and management of newborn infection. Single application of 7.1% Chlorhexidine in newborn umbilical cord stump after cord cutting followed by dry cord care in all birth irrespective to place of delivery is the intervention for prevention of newborn infection.

More than 805,000 MOHFW providers, supervisors and managers are oriented in 64 districts on essential newborn care, including the application of 7.1% chlorhexidine for umbilical cord care. DGHS have procured and distributed 600,000 doses of CHX while DGFP is in the process of supply of 210,000 doses through their supply chain. ACI pharmaceutical have started commercial production. Since June 2015, there OTC sell is 284,682 doses.

For treatment purpose, the regimen for out-patient management from primary care level facility where referral is not possible, Injection Gentamicin (once daily for 2 days) with oral Amoxicillin for 7 days is recommended. SACMO is the designated provider of this intervention.

Management of sick children from UH&FWC have been introduced in 227 of UH&FWCs of Kushtia, Habiganj, Noakhali, Jhalokati and Pirojpur districts. Operation researches are ongoing in three sites of public sector facilities. Learning from this initiative will facilitate national scale up.

In Bangladesh, estimated 31% of all newborn deaths are due to complications of premature birth (UNICEF, 2015). More than three-quarters of premature babies can be saved with feasible, cost-effective care, e.g. essential care during child birth and in the postnatal period for every mother and baby, antenatal steroid injections (given to pregnant women at risk of preterm labour and under set criteria to strengthen the babies’ lungs), kangaroo mother care (the baby is carried by the mother with skin-to-skin contact and frequent breastfeeding) and antibiotics to treat newborn infections.

Kangaroo Mother Care (KMC) for facility delivery with follow up at community. Target of coverage by 2022 is 100 facilities. KMC unit as a state of art center have been established in different national level facilities. It is also introduced as a pilot 21 district and Upazila level facilities of Kushtia, Noakhali, Habaiganj, Jhalokati and Lakshmipur.

Saving the life of preterm and sick newborn requires full supportive care at facility with provision of Special Care Newborn Unit (SCANU) which is targeted for all District and Medical College Hospital by 2020. Currently 42 SCANUs have been established at secondary and tertiary level facilities which is supported by SDF (GOB), Unicef, JICA & USAID through MaMoni HSS project of Save the Children.
Preterm birth complications are globally the leading cause of death among children under 5. Every year, an estimated 15 million babies are born preterm (before 37 completed weeks of gestation), and more than 1.1 million of them die globally, which is 3,000 per day. Bangladesh with 438,800 preterm births a year ranks 7th among the countries with the highest burden of preterm births. Of them 23,600 die from preterm birth complications. Despite this high number and risk involved, there is only hardly aware of the prevention of preterm birth and the problem and risks involved in the development of a preterm infant. To call attention to the magnitude of the preterm birth issue, globally November 17 is observed as world prematurity day. To mark World Prematurity Day 2016, a roundtable meeting was organized at the Daily Star Center. With Dr. Mohammed Shahidullah, President, Bangladesh Medical and Dental Council and Bangladesh Pediatrics Association in the chair, eminent professionals, MOHFW managers, UN agencies, Donor, Development partners including Save the Children participated in the meeting. The meeting presented an opportunity to share learning and innovative solutions in terms of prevention, diagnosis and management of preterm birth.

World Prematurity Day 2016

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