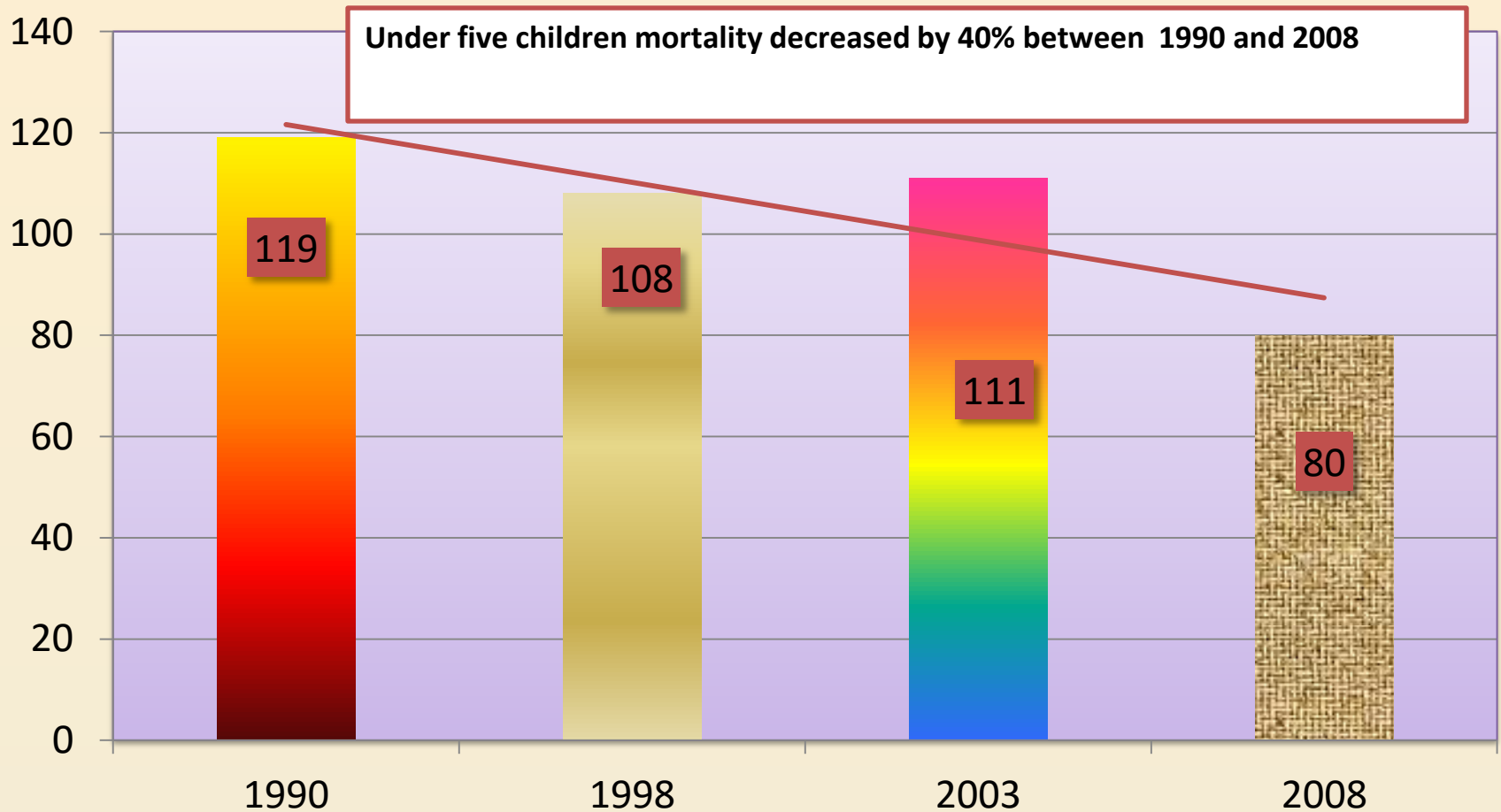


Neonatal Mortality in Ghana Keeps MDG 4 at the Crossroads



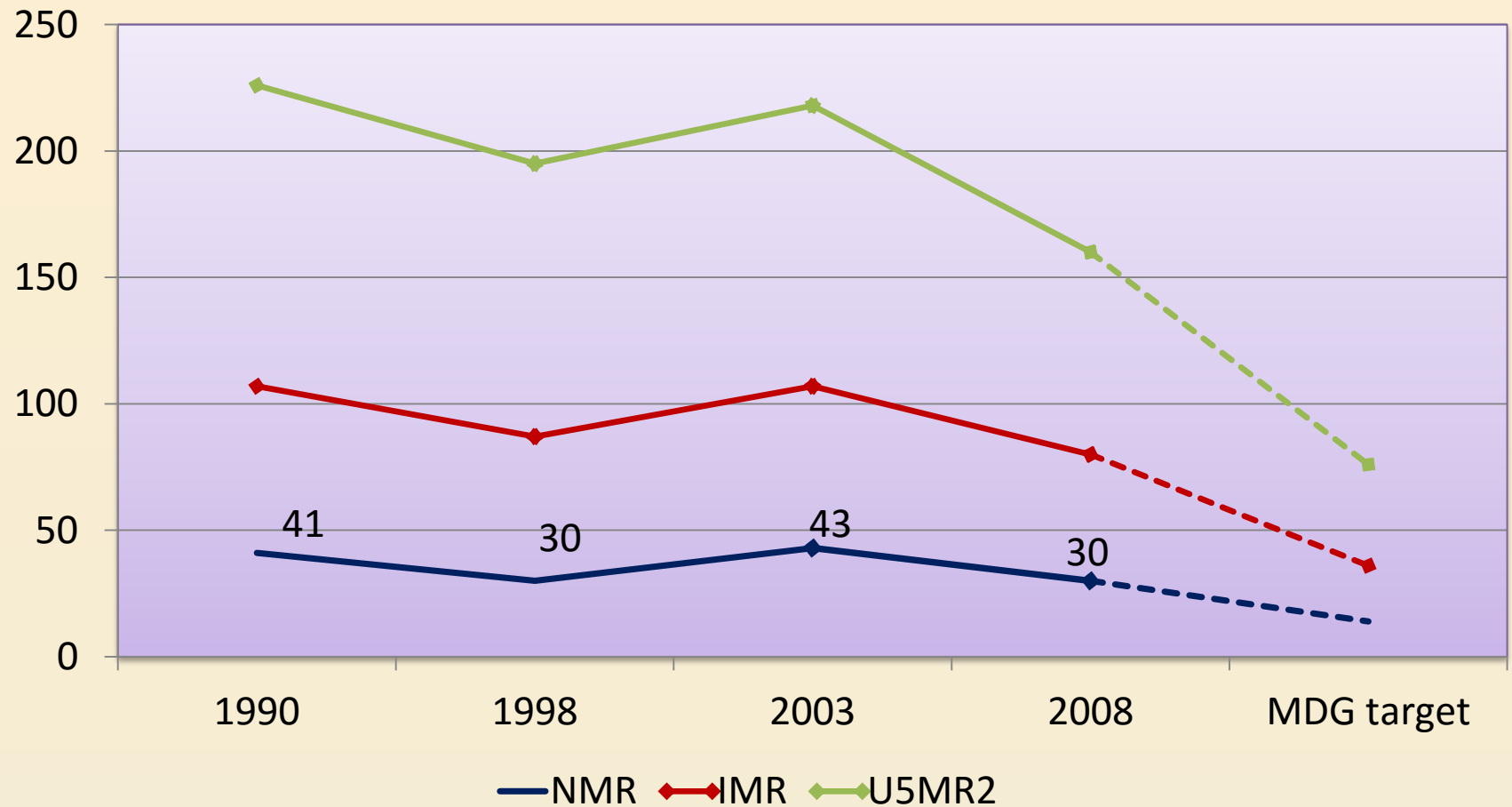
Ghana's progress towards MDG 4 Target

(Source: GDHS 2008)



Stagnation in the Reduction of Neonatal Mortality

(Source: GDHS 2008)

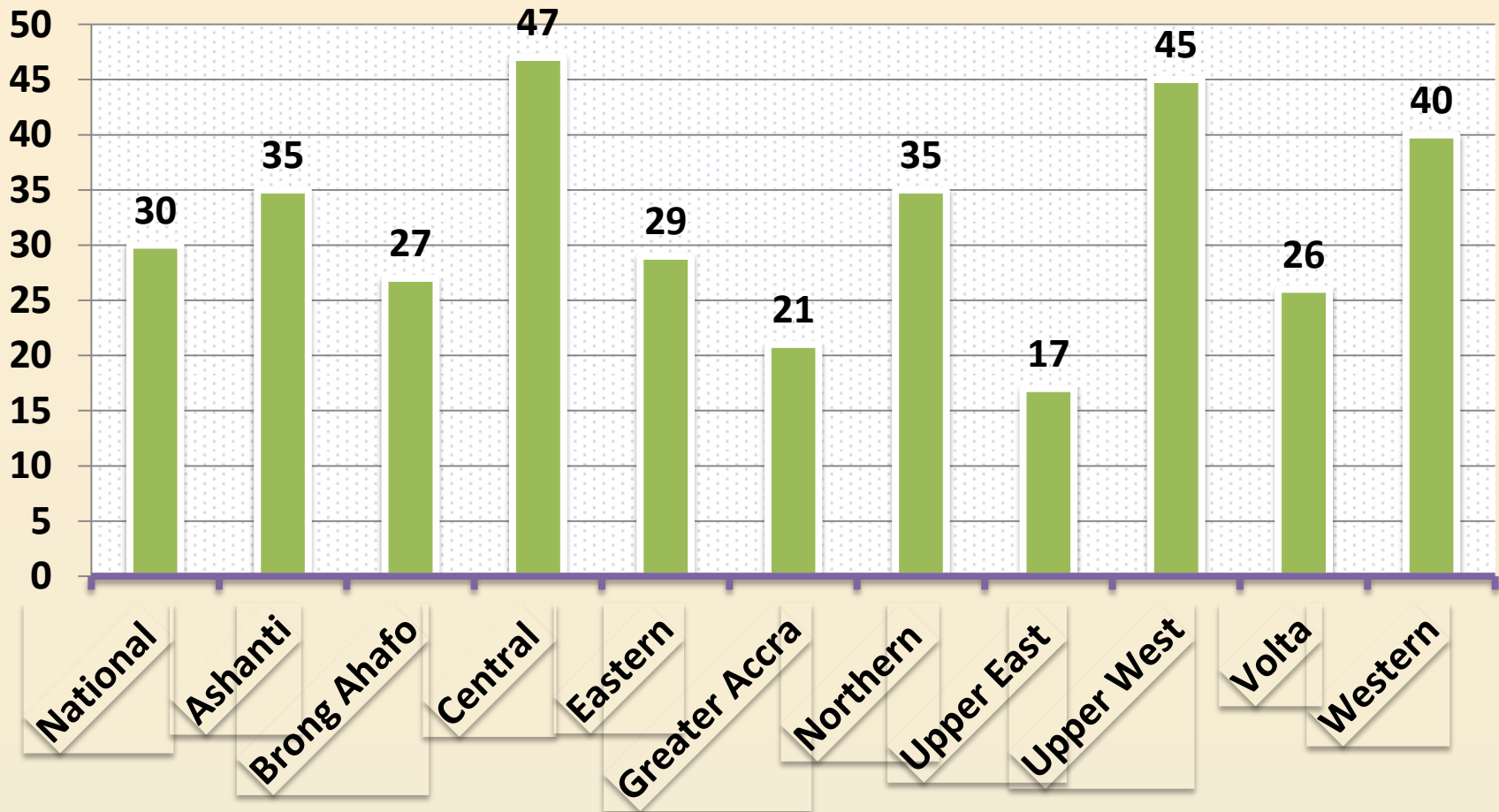


No Decline in Proportion Of Under 5 Deaths Attributable To Newborns

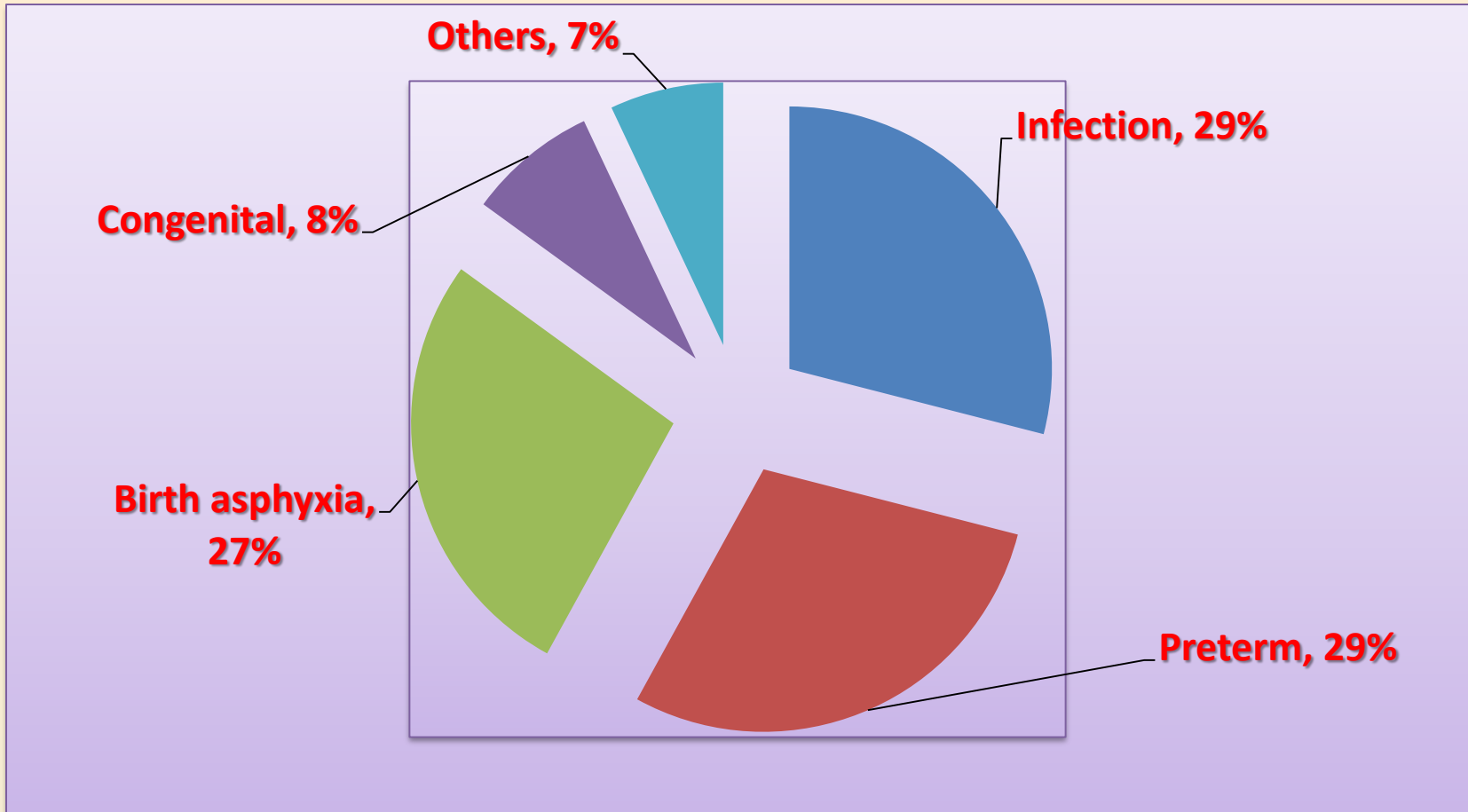
- **26%** in 1984 - 1988
- **39%** in 1999 – 2003
- **38%** in 2004 - 2008

Regional Variation on Neonatal Mortality Rate

(Source: GDHS 2008)



Global Causes of Neonatal Mortality



Source – Countdown 2015 MNCH

Causes of Newborn Deaths – (Kintampo 2007)

Neonatal mortality rate: 30.1/1000LB

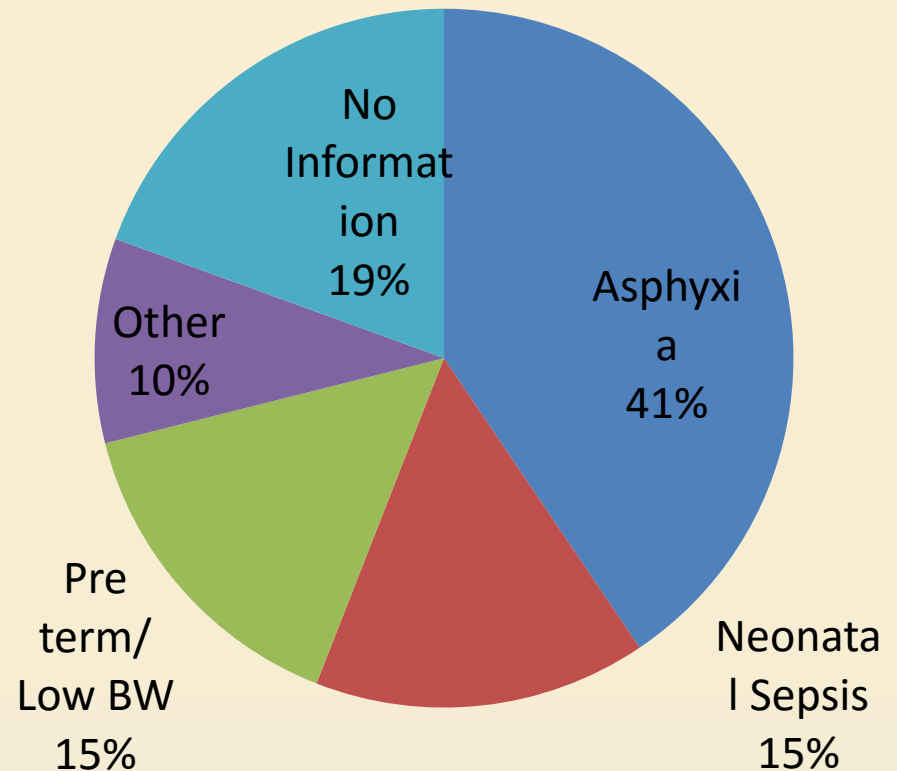
- 66.4% due to infections
 - Pneumonia
 - Septicaemia
 - Meningitis
 - Diarrhoea
 - Tetanus
- 33.5% due non-infections
 - Asphyxia
 - Pre-maturity

EMONC Case Reviews

Percentage distribution of neonatal deaths according by cause of death

	N	%
Asphyxia	150	41
Neonatal Sepsis	57	15
Preterm/ Low birth weight	56	15
Other[No information]	35	10
	72	19

Cause of Neonatal death



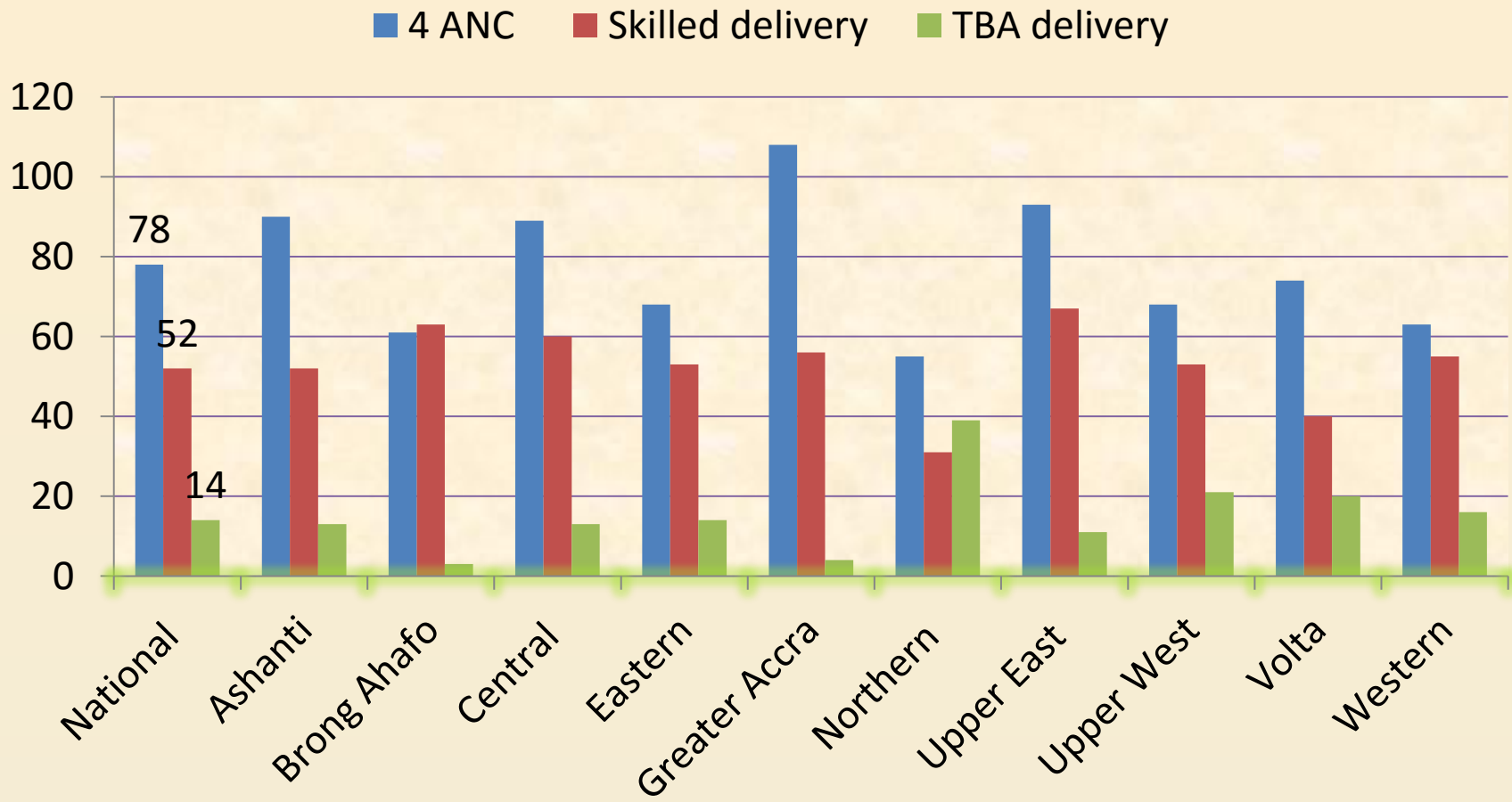
Percentage distribution of neonatal deaths according to age at death, birth weight and gestational age

	N	%
Age at death		
Less than 24 hours	220	60
24 hours to 7 days	117	32
7 days to 28 days	32	9
No information	1	0
Birth weight		
< 1.5 Kg	41	11
1.5 – 1.9 Kg	30	8
2 - 2.4 Kg	28	8
>= 2.5Kg	171	46
No Information	55	27
Gestational age at birth		
Preterm (<37 weeks)	106	29
Term (>= 37 weeks and 42 weeks)	202	55
Post Term > 42 weeks	7	2
No Information	55	15

Source: National Assessment for EMONC - Ghana

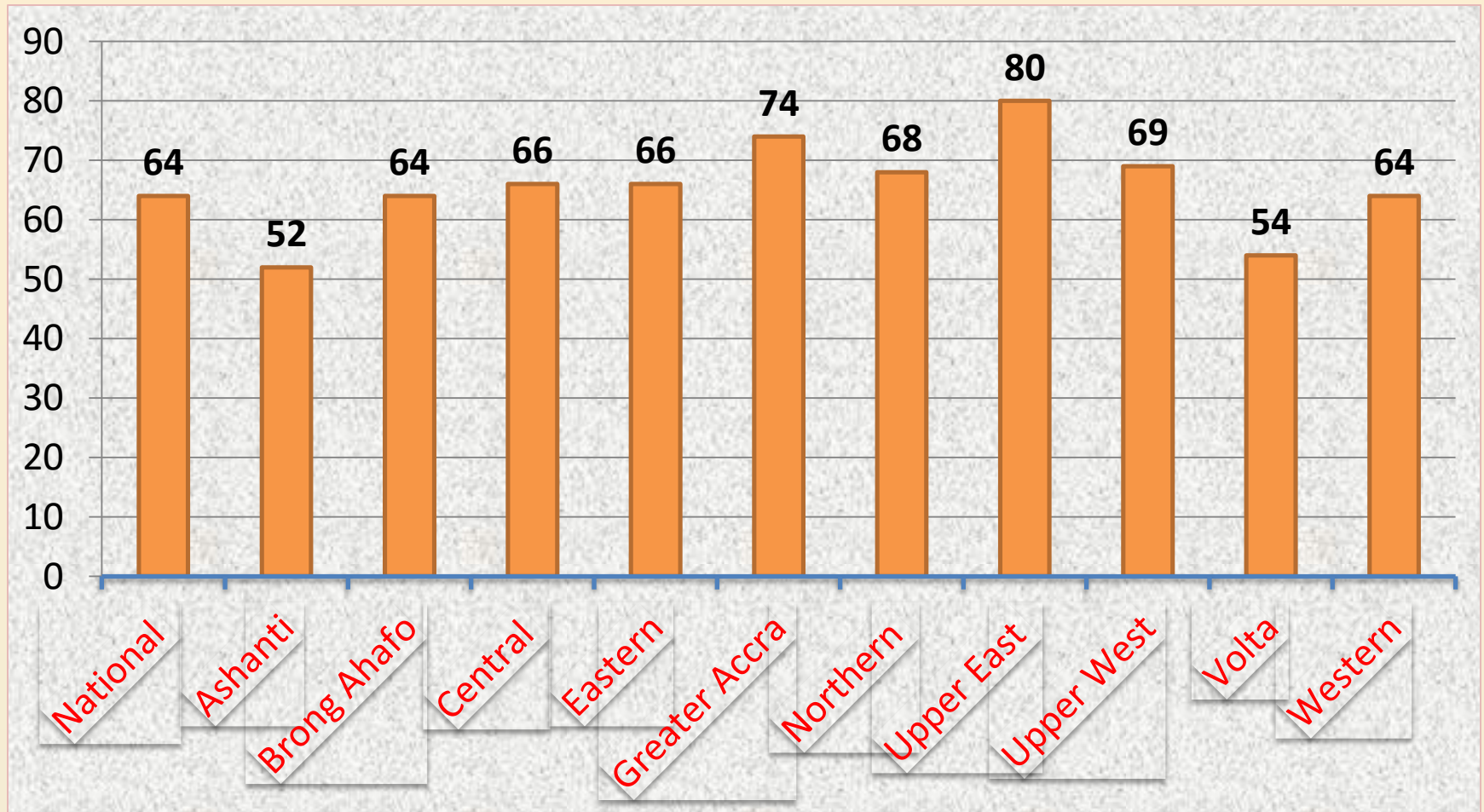
Significant Variation on ANC Coverage and Skilled Delivery

(Source: GHS Regional Review 2011)



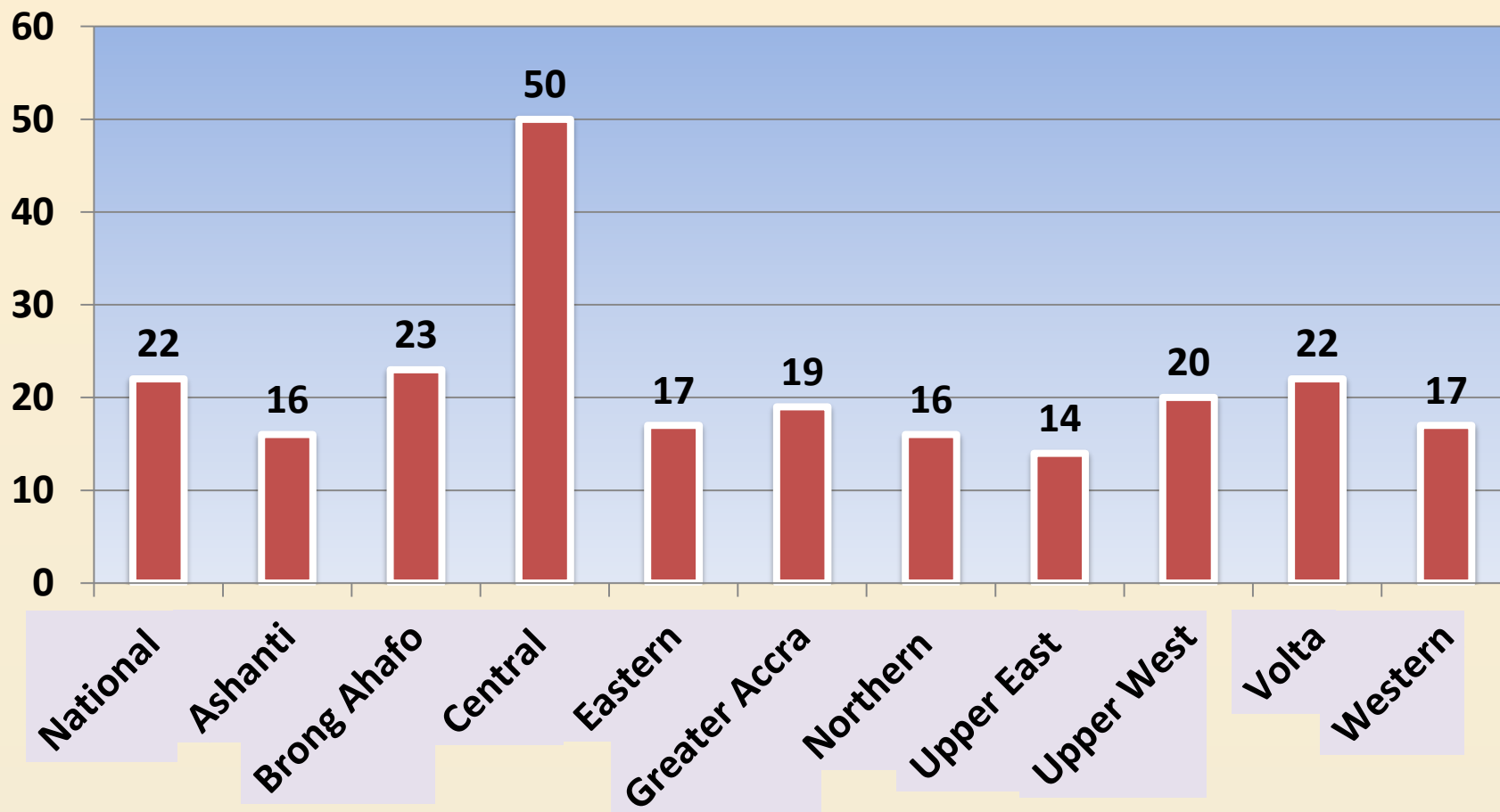
Postnatal Registrants Coverage

(Source: GHS Regional Review 2011)



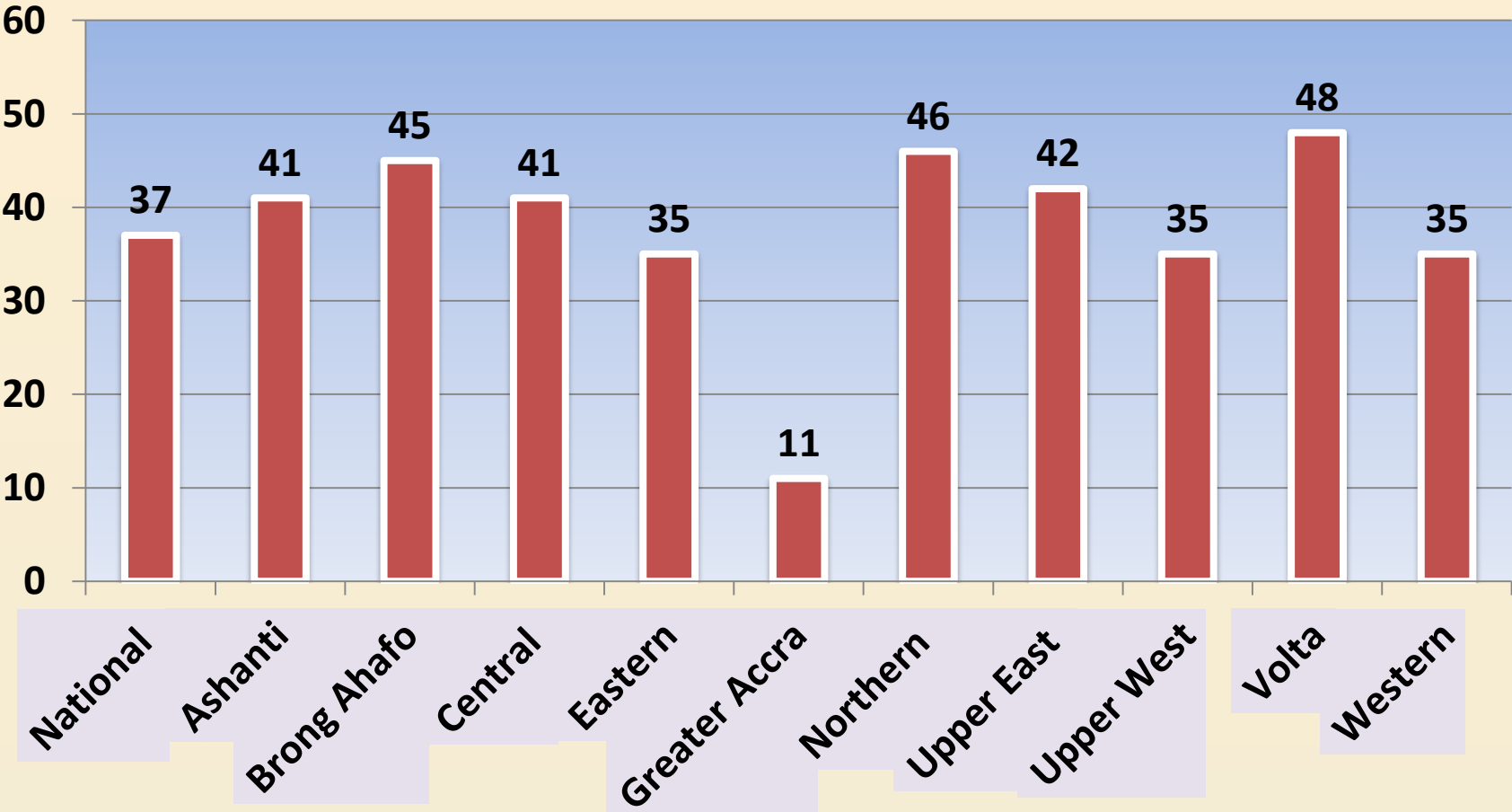
Proportion of Stillbirths per 1000 Pregnancies

(Source: GHS Regional Review 2011)



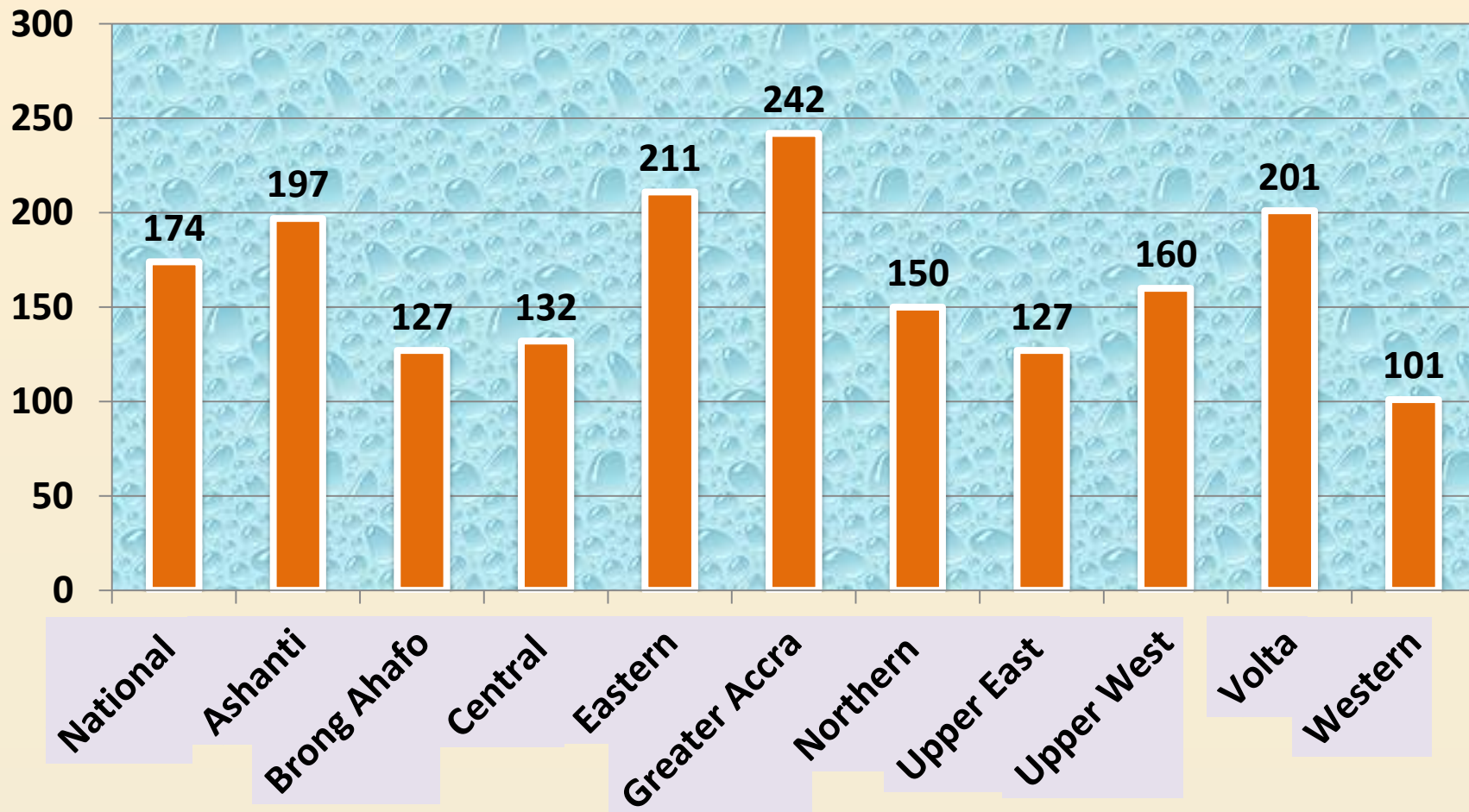
Proportion of Fresh Still Births to Total Still births

(Source: GHS Regional Review 2011)



Institutional Maternal Mortality Ratio per 100,000 Births

(Source: GHS Regional Review 2011)



Some Recommendations - EMONC

- The Ghana Health Service should collaborate with the Ghana Medical Association, the Ghana Registered Midwives Association, and the Society of Gynaecologists and Obstetricians of Ghana to demonstrate the benefits of improving the **quality and completion of medical records and logbooks**. Doctors, specialists, and midwives should also meet **to agree on the minimum required information that should be recorded** in the hospital notes, in the management of labour using the partograph, in the diagnosis and postoperative reports on caesarean sections, and in cases of stillbirths and neonatal and maternal deaths.
- Health facilities should **have half-yearly reviews of the quality of patient notes** in obstetric and newborn care. Action should be taken to ensure proper notetaking in these facilities.
- The GHS should investigate the reasons why as many as 17 percent of facilities that perform deliveries do not use partographs.
- The GHS should work with the regional and district health management teams **to train staff** in the management of labour. Training sessions should be repeated at different times during the year so that everyone can attend one event.
- The GHS in conjunction with the institutions that train medical students and midwives should design a protocol for the management of labour using the partograph. This protocol should be in the form of a pocket-size book as well as a poster. The protocol should be used in the training of medical students and midwives and should be placed on every labour ward in the country.

- Nearly two thirds of the maternal deaths reviewed were identified as cases aggravated by delays in arriving at the health facility or in the transfer from one facility to another. Substantial caesarean reviews (17 percent) were also transfers from one facility to another, and 11 percent of neonatal deaths were referrals. There is need for dialogue about these issues between GHS and MOH and also with the ministries responsible for easing Ghana's transportation problems. The GHS and MOH should also look deeper into the problems this report documents with many aspects of patient referrals.

Bottlenecks to Improve Maternal and Perinatal Care

- Invisibility of newborn deaths – Even the data and information related to mortality are not available.
- Structural and systemic barriers on quality MNH care : essential services, equipment and supplies
- Low service delivery and utilization.
- Human resources for service delivery – quantity, competency and quality.
- Harmful socio-cultural beliefs and practices
- Transport and poor road network

Enabling Factors to Overcome Bottlenecks

- Existing high level commitment from Government to achieve MDG 4 – MAF is being implemented.
- Policies & strategies related to safe motherhood and child health clearly articulated and being implemented.
- The strong and decentralized health system exist to translate these policies to action.
- The home grown CHPS system is a driving force to bring the equitable health care to the community level.
- The faith based organizations are contributing to complement the curative services.

How to Translate These Factors to Action

- Strengthening the health system - to address bottlenecks like human resources, skilled attendant at delivery, provision of basic equipment, functional referral system and EmONC.
- Implementation of cost effective interventions at the community level - e.g. Home based post natal care, provision of treatment of common infections,
- Awareness to families and communities on importance of skilled deliveries and early postnatal visit.
- Monitoring and evaluation system should include the newborn health indicators and need to be reported.
- Advocacy for other sector contributions e.g. roads

Thank You for Your Interest!



Jointly Prepared by GHS & UNICEF

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