

30<sup>TH</sup> IPA CONGRESS & 60<sup>TH</sup> PEDICON 2023 Quality Care for Every Child Everywhere Gandhinagar, Gujarat, India | 19<sup>th</sup>-23<sup>rd</sup> Feb, 2023

30th International Pediatric Association Congress 2023 & 60th Annual Conference of The Indian Academy of Pediatrics





# Strategies for Newborn Survival from resource limited settings . Experience from Senegal

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# Introduction

- Perinatal health is a very high public health priority;
- It reflects the quality of obstetric and pediatric care offered to our populations;
- It depends on many medical, cultural and socio-economic factors;
- Its improvement is one of the levers for the emergence of our countries and the achievement of the SDGs by 2030.

### Targets of SDGs

- 3.1 By 2030, reduce the global maternal mortality ratio to below 70 per 100,000 live births
- 3.2 By 2030, eliminate preventable deaths of newborns and children under 5, with all countries aiming to reduce neonatal mortality to no more than 12 per 1,000 live births and child mortality children under 5 to 25 per 1,000 live births at most; Stillbirth at 12 per 1,000 births at most.



### French- Speaking Sub-Saharan Africa countries in Africa



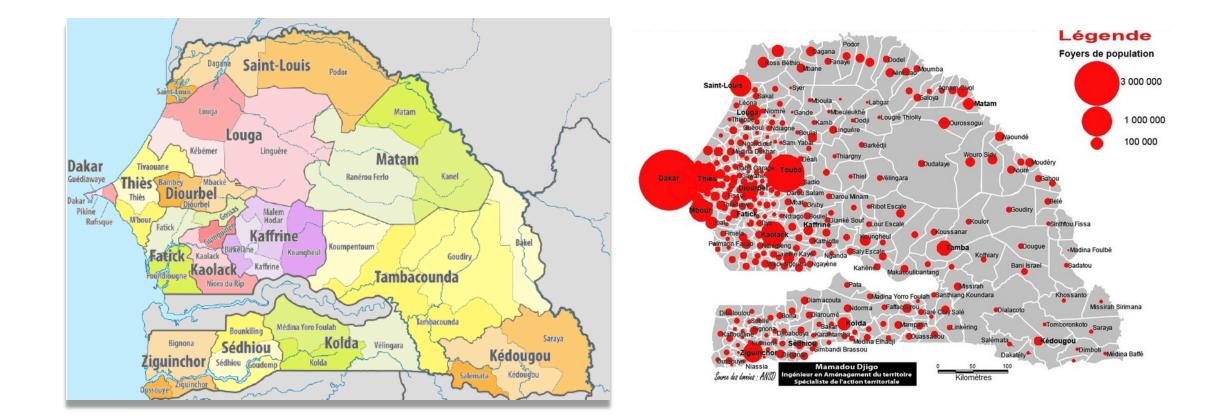
# Sociodemographic aspects of Senegal

- Population (2022): 17738 795 habitants
- Sénégal: 196.722 square kilometer,
- West african continent;
- North: Mauritania; East: Mali, South: Bissau Guinea Bissau and Guinea Conakry and West side:Atlantic Ocean;
- Birth rate: 35 %;
- Urbanization rate: 46,5
- Dakar : 25% of Senegal population

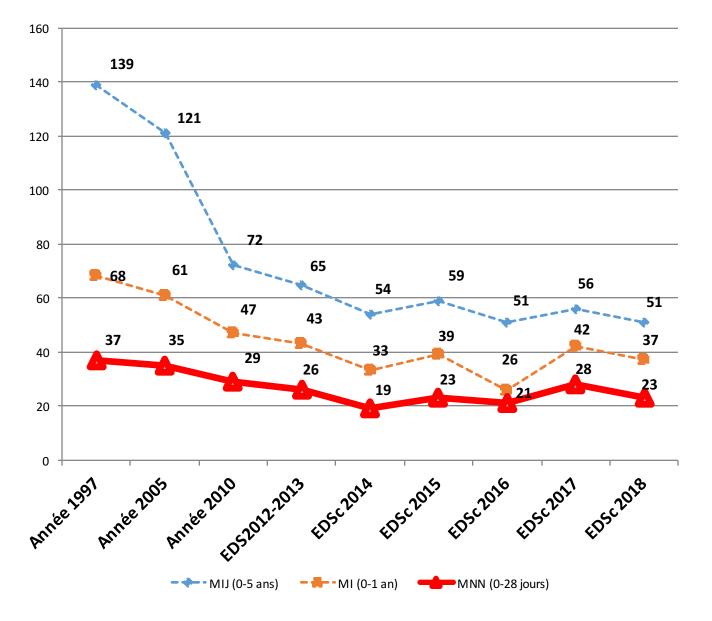




## Sociodemographic aspects of Senegal



## **Epidemiology of neonatal mortality in Senegal**



Indicators	Mortality rate (EDS c 2017)
Newborn mortality	28‰
Newborn mortality in rural area	30‰
Newborn mortality in urban area	25‰

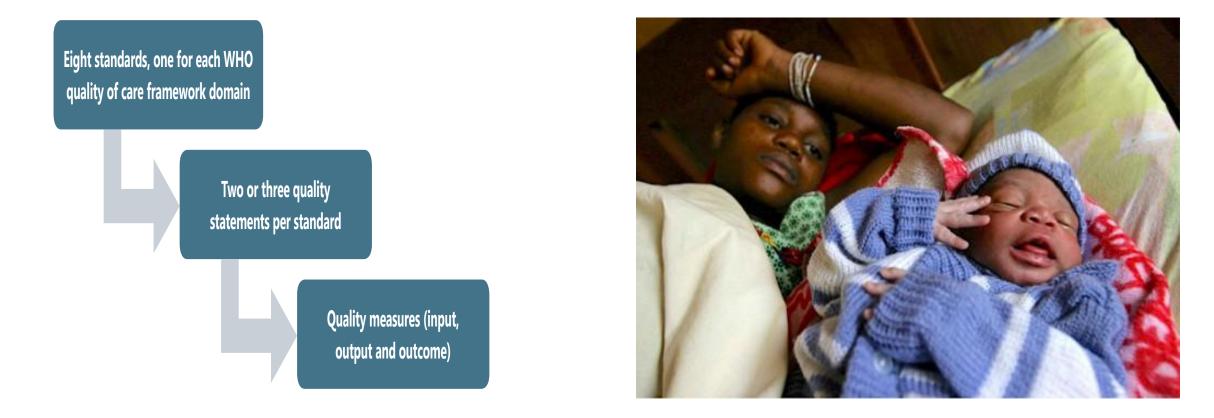
# Newborn survival: Political level

- Emerging Senegal Plan (PSE); with three pillars, including the second pillar, which focuses on "human capital, social protection and sustainable development"National Health and Social Development;
- Plan (PNDSS) 2019-2028; The priority strategic axis is the « Acceleration of the fight against maternal, neonatal and infant-child mortality and morbidity »;
- RMNIAH Strategic Plan (Reproductive, maternal, , newborn, infant and adolescent health);
- Investment case for reducing maternal, neonatal, infant and child, adolescent and youth mortality.

# Newborn survival: Operational level

- Improving qualité of care;
- Capacity building and training;
- Community involvement;
- Organization of newborn care

# **Quality of care (WHO)**



## To adress.....

### Management of Preterm birth: A priority

### Mortality and morbidity of....

- Preterm babies
- Asphyxia
- Sepsis

# Goals to reduce premature deaths and morbidity

- Primary prevention: addressing risk factors associated with preterm birth;
- Secondary prevention: reduce the prevalence of complications related to prematurity;
- 3. Tertiary prevention: properly manage complications related to prematurity.

## **Promoting KMC at all level of care**

### KMC at Albert Royer Children Hospital-Dakar (Tertiary care)



### KMC in Roi Baudoin District Hospital (Secondary care)



## **Training Tools in Senegal**

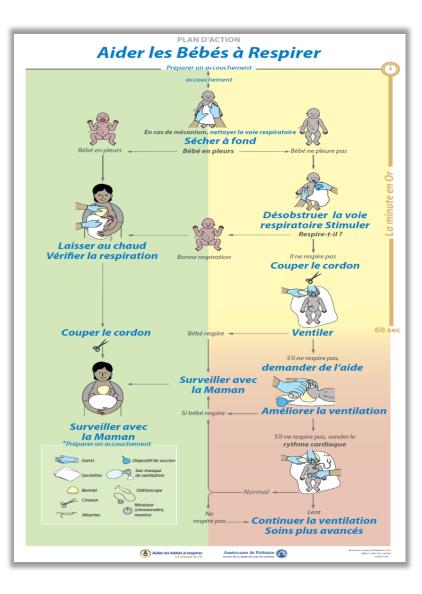


## Management of respiratoty distress (special care at reference level)





## **Capacity building to adress birth Aspyxia**





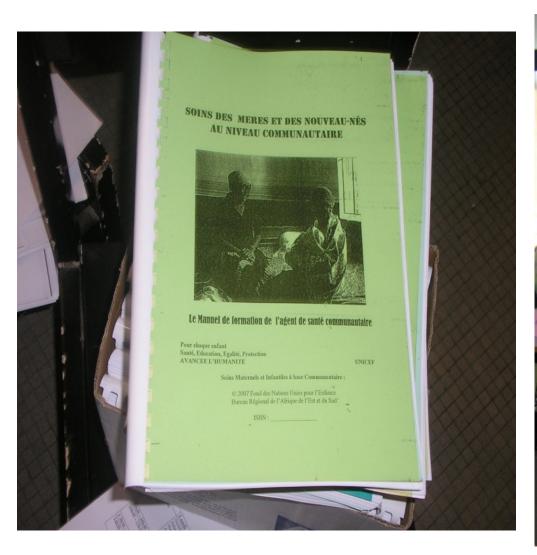
## Link between community and reference level WAHO-OOAS perinatal demonstration center of Guédiawaye (Senegal)

- To improve link between communities and health facilities for safe delivery and newborn survival;
- 2) To improve use of basic newborn cares at home: protection aigainst hypothermia, breastfeeding, eye care, umbilical care, immunization..
- To sensitize for early breastfeeding, exclusive breastfeeding and diversification











# Organization of newborn care within the framework of perinatal networks

- **Definition of network:** an organized set of several natural or legal persons, dispersed in a given territorial area, with different and complementary skills, acting for a common objective according to shared standards and values, on the basis of voluntary cooperation to improve caring for a community of patients.
- In Cornet B. Enquête pédiatrique sur les réseaux périnatals en France Arch Pediatr 1998;5:939-938

# **Objectives of a Perinatal Network**

- Ensure a coordinated organization of care for mothers, newborns and children in a given geographical area;
- Ensure capacity building on maternal and child health (training, formative supervision);
- Put in place or strengthen suitable infrastructures for mothers, newborns and children;
- Pool material and human resources within the area;
- Ensure better communication between professionals;

- Inform, involve and support communities;
- Regularly assess professional practices (Perinatal death audit);
- Collect and transmit epidemiological data;
- Improve the maternal, neonatal and child health information system;
- Optimize the referral-counter-referral system;
- Ensure regular supervision of activities;
- Promotion of public-private partnership

# **Perinatal Network in Dakar**

Geographical area of the network: 4 Departments of Dakar region:

- 1. Department of Dakar;
- 2. Department of Pikine
- 3. Department of Guediawaye
- 4. Department of Rufisque



## **Conclusions and Challenges**

- Ressources (Financial and Human);
- Infrastructures;
- Network between Neonatologists;
- Perinatal Network between health centers/Community;
- Sharing best practices