

V. Scale-Up and Sustainability

Who should read:

- Policymakers*
- Program Planners*

Objectives of section II:

- Users will understand how to use HBB to advocate for health system improvements, particularly improvements in maternal and neonatal care*
- Users will consider how to engage the community in support of neonatal resuscitation and related services*
- Users will be aware of possible unexpected developments and ways to address them*

A. Strengthening the health system

1. Advocacy for system improvements

A critical challenge to taking neonatal resuscitation programs to scale is the ability to control reliable functioning of the systems needed to support it. Advocates need to proactively engage in general health-system strengthening initiatives to focus them on achieving desired health outcomes, including neonatal survival. It is useful to contribute to national, regional, and district systems strengthening efforts such as those supported by the US Global Health Initiative, the World Bank, the World Health Organization, and the GAVI Alliance. At a minimum, the following systems should be strengthened to sustain neonatal resuscitation rollout: training and skills retention of birth attendants, supply of resuscitation devices, quality improvement systems, recording of information and reporting systems, supportive supervision, functioning referral system, and monitoring/evaluation.

2. Training in advanced resuscitation – district hospitals and above

HBB strengthens the capacity to provide neonatal resuscitation from the level of the community to the district hospital. Neonatal specialty care is usually available

at the level of the district hospital; this may include ventilator care and availability of advanced resuscitation, oxygen therapy, and intravenous fluids, and alternative methods of feeding. As birth attendants at lower levels of the health system make appropriate referrals of pregnant women and sick newborn to higher-level facilities, these facilities may find it necessary to strengthen their capacity as well. The Neonatal Resuscitation Program teaches advanced resuscitation. Other resources, such as ETAT (Emergency Triage Assessment and Treatment), IMCI (Integrated Management of Childhood Illness), IMNCI (Integrated Management of Neonatal and Childhood Illnesses), and the Pocket Book of Hospital Care for Children provide further opportunities for training and capacity-building.

3. Access to Comprehensive Emergency Obstetric Care Services (CEmOC)

Neonatal resuscitation is one component in the essential services mothers and babies need at birth. CEmOC includes the ability to reliably provide parenteral antibiotics, anticonvulsants, oxytocics, and blood. CEmOC – when appropriate and timely – will reduce the need for neonatal resuscitation and prevent neonatal deaths. However, some CEmOC programs do not explicitly include neonatal resuscitation. Countries can close this gap by ensuring that advanced neonatal resuscitation is part of their CEmOC services package. Comprehensive services also include assisted vaginal delivery (vacuum extraction), emergency cesarean delivery, manual removal of the placenta, and manual aspiration of products of conception. The goal should be to provide these services to every mother and baby on a 24-hour basis throughout the year.

4. Criteria for referral of pregnant women and newborns

With increased availability of CEmOC and specialty neonatal care, establishment of criteria for referral of pregnant women and newborns becomes crucial. Updating and dissemination of these guidelines for referral can be incorporated into HBB courses and continued learning activities. Supportive feedback to the referring provider reinforces learning, the ability to refer appropriately, and the knowledge and actions to avoid unnecessary referrals.

5. Development of communication and transportation system

The ability to quickly access information and services at various levels in the system is the hallmark of a functional emergency referral program. Improving health services to offer more comprehensive obstetric and neonatal care is a wasted effort if birth attendants, women and families cannot reach them, or choose not to.

B. Extending advocacy into the community

Ultimately, demand for improved services for mothers and infants must come from the community itself. Health workers and program managers can engage various community stakeholders to improve support for, and use of, services provided by trained birth attendants who can act in The Golden Minute® after birth to save an infant who is not breathing. Important groups to enlist include:

1. Women of all ages
2. Family decisionmakers– fathers, mothers-in-law
3. Community groups – women’s and youth groups, religious and secular communities
4. Community officials and leaders – mayors, councilpersons, health and budget committee members, other elected leaders, religious and secular leaders
5. Traditional birth attendants – to link to the health system

C. Dealing with challenges and unintended consequences

Experience to date has revealed some unexpected challenges that are important to consider. As the program evolves, more instructive stories from the field will be posted at www.helpingbabiesbreathe.org.

Stories from the Field: Some Unexpected Challenges Already Met

Problem	Possible Ways to Handle
Challenge from breastfeeding advocates that taking each newborn from mother to ensure breathing is established interferes with bonding and initiation of breastfeeding	At project outset, form a technical advisory group of national experts to review such disagreements and establish priorities
Discovery of active gendercide/neonaticide or passive non-resuscitation, dictated by cultural/socioeconomic forces	<ul style="list-style-type: none"> • Reinforce professional and ethical expectations as part of training and supportive supervision • Improve M&E systems to document gender imbalances and address gender issues with community leaders and other authorities; raise gender imbalances as a social issue • Advocate with communities for family planning, adoption, and support services
Importation of training materials and simulators takes longer than expected to clear customs, jeopardizing training schedule,	<ul style="list-style-type: none"> • Include customs authorities in stakeholder engagement activities to enlist their support • Engage health authorities to manage supply chain issues