



The integration of maternal, newborn and child health services is a key research theme of the Towards 4+5 Research Programme Consortium. We are currently involved in three pieces of work:

- A policy paper looking at the challenges of integrating maternal, newborn and child health services from a health systems perspective
- In Bangladesh, a project that aims to put into use the newly acquired, evidence-based and low-cost interventions for reducing maternal and newborn mortality in an integrated manner
- Tables of effective interventions for improving maternal and newborn survival which show how single interventions can be integrated to provide the maximum benefits for women and newborns



Scaling-up maternal, neonatal and child health services: questions, tensions and solutions

Several high-profile publications synthesise the key challenges, scientific evidence, and policy recommendations regarding maternal, newborn and child health (MNCH), however, there are still uncertainties about how policy makers, planners and managers should expand access to integrated MNCH services. Towards 4+5 has produced a policy paper which summarises the key questions and tensions facing policy-makers and managers who are tasked with the job of scaling-up MNCH services at the primary care level. These are:

1. Balancing the competing needs of mothers, newborns and children
2. Making the right investments across the different periods (antepartum, intrapartum, and postnatal) of maternal health care
3. Choosing the health priorities and interventions
4. Bridging the immediate survival agenda with the long term health systems agenda
5. Formulating the right mix of medical and community empowerment approaches
6. Getting the right mix of health workers
7. Bridging across tiers (e.g. community, clinic, hospitals)
8. Improving health service supply and demand in tandem
9. Recognising the existence of multiple private sectors

The following are proposed solutions to these unresolved tensions and questions, and offer support to the evidence-based scale-up of MNCH services:

- Moving from universal policy recommendations towards context-specific plans
- Strengthening management and planning capacity at all levels of the health system
- Resurrecting and revitalising the rationale and principles of the District Health System
- Call for a clearer vision and long-term plan for health systems strengthening
- Harnessing the power of vertical programmes through promoting integration

Shahjadpur integrated maternal and newborn health project, Sirajgonj district, Bangladesh

Bangladesh is committed to achieving Millennium Development Goals 4 and 5 by 2015. However, with a maternal mortality rate of 320 per 100,000 live births, the country is unlikely to attain the MDG 5 targets. Neonatal mortality is also high at 37/1000 live births. Evidence shows that many lives could be saved with proven and effective interventions.

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is working with the Ministry of Health and Family Welfare in Bangladesh and other stakeholders on a project that aims to implement the available and proven effective, evidence-based and low cost interventions in an integrated manner. Researchers have developed a package which includes the following interventions:

- Birth and new born care preparedness counselling
- Updated safe delivery kit
- Management of post-partum haemorrhage
- Management of eclampsia
- Home-based essential newborn care



The intervention package will be implemented in collaboration with the Government, NGOs, private providers and communities and aims to strengthen the health system. Both qualitative and quantitative research methods will be used to evaluate the intervention over four years. The research will examine its effectiveness in reducing neonatal mortality, increasing the use of skilled care at birth and met need for obstetric complications, and improving the quality of care.

The full intervention package will be implemented from 2009. In the final year of the project, the interventions will be scaled-up in all the sub-districts in the Sirajgonj district reaching a population of about 2 million. The study is being funded by AusAID.

Tables of recommended and effective interventions to improve maternal and newborn survival

Towards 4+5 has produced a tool which displays the recommended interventions for reducing maternal and newborn deaths. It consists of 13 tables with each representing a different group of people or service that can provide the intervention. These are:

- Mass media, information
- Food fortification
- Marketing, pharmacies
- School/employment
- Family
- Community mobilisation e.g. women's groups
- Traditional birth attendants
- Community health workers
- Community level midwives
- Mobile clinics
- Health posts
- Health centres
- Hospitals

The tool aims to show how interventions can be integrated or packaged according to the means of delivery and the stages along the continuum of care, so as to maximise the benefits for women and newborns. Each intervention is linked to the maternal and neonatal outcome that it addresses and points to the evidence about its effectiveness.

The tool has been produced for public health professionals working in maternal and neonatal health. In particular, it will be of use to policy makers, programme planners, implementers and researchers working at district, national and international levels.

The tables will be available as PDF documents to print. They will also be converted into a searchable database which will be available on the Towards 4+5 website in 2009.

COMMUNITY LEVEL MIDWIVES 9

Target population (intervention package)	Maternal outcome addressed	Neonatal outcome addressed	
Non-pregnant women of reproductive age: a			
Periconceptual folic acid supplementation (women planning pregnancy)	Prevent ar		
Iron supplementation (in areas of high iron deficiency anaemia)	Prevent ar		
Non-pregnant women of reproductive age: il			
Deworming treatment (albendazole)	Treat wor anaemia		
Oral iron or folate treatment	Treat ana		
Praziquantel	Treat schi anaemia		
Non-pregnant women of reproductive age: n			
Lactational amenorrhoea method	Prevent pr mortality		
Fertility awareness methods	Prevent pr mortality		
Condom, female condom, spermicides, sponge, vaginal ring, oral contraceptives, progesterone only pill, patch, emergency contraception	Prevent pr mortality		
Injectable contraceptives, implants, intra-uterine devices, diaphragm ?	Prevent pr mortality		
Pregnant women not wanting child			
Mifepristone/misoprostol ?	Prevent ur (sepsis; h		
Vacuum aspiration	Prevent ur (sepsis; h		
All pregnant women			
Folic acid supplementation	Prevent ar		
Iron supplementation	Prevent ar		
Calcium supplementation (in settings with low level of calcium)	Reduce ris reduce ma morbidity		
Balanced protein-energy supplements (in settings with high levels of undernutrition)			
Low dose (<75 mg) aspirin	Prevent pr hypertens pregnancy		
Multiple micronutrient supplementation	Reduce ris		
Insecticide treated bednets	Prevent m		
TRADITIONAL BIRTH ATTENDANTS 6			
Target population (intervention package)			
Hygienic cord care			
Ensure newborn warmth			
Support early breastfeeding; advice promoting early and exclusive breastfeeding			
Arrange organised transport to referral facilities ?*			
All postpartum women			
Advice on postnatal maternal danger signs and on postnatal maternal emergencies and referral care ?			
Advice on postnatal home self-care, nutrition, safe sex, breast care ?			
Advice on contraception ?			
Advice promoting newborn warmth and for hygienic cord care ?			
Advice and support for exclusive breastfeeding ?			
Advice on newborn care-seeking including immunisation ?			
Detect postnatal maternal complications early ?			
Refer maternal complications early ?			
Detect newborn complications early ?			
Refer newborn complications early ?			
Pregnant, intrapartum, postpartum women with complications			
Advice for previous caesarean section, (and stillbirth) to deliver in hospital* ?			
Uterine massage ?			
Post induced-abortion contraceptive advice ?			
Foetus/perinate/neonate			
Hygienic cord care			
Ensure newborn warmth			
Early and exclusive breastfeeding			
Detect newborn complications early			
Refer newborn complications early			
Community-based pneumonia case management ?			