

Factsheet on Newborns in Malawi

When a baby is born alive, but dies before one month (sometimes classified as 28 days) of life it is called a newborn death or neonatal death¹. More than 80% of all newborn deaths result from three preventable and treatable conditions:

- ⓐ Complications due to prematurity
- ⓐ Neonatal infections, such as sepsis
- ⓐ Complications from delivery, including birth asphyxia¹

These lives could be saved with quality care around birth, cost-effective available drugs and simple interventions.

Newborn deaths are a public health crisis in Malawi

Each year in Malawi approximately 14,000 babies die before they reach one month of age². The period of time around birth is critical. Over a third of newborn deaths occur on the day that they are born, and 73% die in the first week³. Every year this amounts to 5,100 Malawian newborns dying on their first day, and 10,200 deaths in the first week of life³.

Of the 14,000 newborn deaths in Malawi, 4,300 (31%) die from preterm birth complications; 4,000 (29%) die from complications from delivery; and 2,800 (20%) die from infections such as sepsis or meningitis⁴. In addition, a further 6,900 stillbirths happen at the time of delivery⁵. These deaths indicate Malawi's urgent need for universal access to skilled birth attendance and better quality of care around delivery.

Malawi has made remarkable progress in addressing overall child mortality - already achieving the Millennium Development Goal target for reducing child deaths - however progress for newborn survival has been much slower: newborn deaths now account for over 30% of all child mortality⁴.

What can be done in Malawi?

Ending preventable newborn deaths requires investing in and strengthening health services and obstetric and newborn care, as well as ensuring there are skilled and equipped health workers to assist with every delivery including;

- ⓐ Investing in the quality of care around labour, delivery, and postnatal care
- ⓐ Special care for small and sick babies; newborn resuscitation with newborn-sized bag and mask, antibiotics, hygienic cord care, and mother-to-newborn skin-to-skin contact¹
- ⓐ Improving sanitation and hygiene in facilities, and ensure availability of essential drugs and intravenous antibiotics to reduce newborn deaths from sepsis and other infections¹
- ⓐ Reducing inequities - every delivery should take place with a skilled and equipped health worker
- ⓐ Encourage family planning for healthy birth spacing of at least two years to reduce the risk of death, prematurity, and poor health outcomes for babies and mothers^{6, a}
- ⓐ Encouraging early initiation and exclusive breastfeeding⁷

In 2014 Malawi committed to the Every Newborn Action Plan¹. This strategy sets out the priority solutions, and calls for a united effort to dramatically reduce maternal and newborn deaths, and preventable stillbirths. We must prioritise the evidence-based, cost-effective and feasible solutions in all health facilities that provide pregnancy and delivery services, as well as ensure better data collection on pregnancy outcomes to enable responsive action where it is most needed.





Newborns in Malawi

Number of newborn deaths in the first month of life (2013) ²	14,000
Number of newborn deaths in the first day of life (2013)³	5,100
Mortality rate in the first month of life (2013) ²	23 per 1000 babies born alive
Country rank for preterm birth rate (2010)⁸	1st
Number of babies born preterm (2013) ^{8,9,b}	109,300
Number of newborn deaths due to preterm birth complications (2013)	4,300
Number of deaths ⁴ due to intrapartum-related events (2013) ⁴	4,000
Number of deaths due to sepsis/meningitis/tetanus (2013)⁴	2,800
Demand for family planning satisfied (2014) ¹⁰	75%
Antenatal care of four of more visits (2014)¹⁰	45%
Skilled attendant at delivery (2014) ¹⁰	87%
Mothers and babies who received postnatal care within two days of birth (2014)¹⁰	72%
Early initiation (within one hour) of breastfeeding (2014) ¹⁰	75%
Exclusive breastfeeding for infants in the first six months (2014)¹⁰	70%

References:

1. World Health Organization, & UNICEF. (2014). *Every Newborn: An Action Plan to End Preventable Deaths*. Geneva: WHO.
2. UNICEF. (2014). *Committing to Child Survival: Progress Report 2014 Committing to Child Survival: A Promise Renewed*. New York: United Nations Children's Fund.
3. Oza S., Cousens S., Lawn JE. (2014). Estimation of daily risk of neonatal death, including the day of birth in 186 countries in 2013: a vital-registration and modelling-based study. Supplementary appendix. *Lancet Global Health*, 2(11): e635-e644
4. Liu, L., Oza, S., Hogan, D., Perin, J., Rudan, I., Lawn, J. E., Cousens, S., Mathers, C., & Black, R. E. (2015). Global, regional, and national causes of child mortality in 2000–13, with projections to inform post-2015 priorities: an updated systematic analysis. Supplementary appendix. *The Lancet*, 6736(14), 430-440.
5. Lawn, J. E., Blencowe, H., Pattinson, R., Cousens, S., Kumar, R., Ibiebele, I., Gardosi, J., Day, L., & Stanton, C. (2011). Stillbirths: Where? When? Why? How to make the data count? *The Lancet*, 377(9775), 1448–1463.
6. World Health Organization. (2005). *Report of a WHO Technical Consultation on Birth Spacing Geneva, Switzerland 13–15 June 2005*. Geneva: WHO.
7. Evidence for Action. (2014). [MamaYe Facts and Figures on Breastfeeding](#). London: Evidence for Action.
8. Blencowe, H., Cousens, S., Oestergaard, M. Z., Chou, D., Moller, A.-B., Narwal, R., Adler, A., Garcia, C.V., Rhode, S., Say, L., & Lawn, J. E. (2012). National, regional, and worldwide estimates of preterm birth rates in 2010 with time trends since 1990 for selected countries: a systematic analysis and implications. *The Lancet*, 379(9832), 2162–2172.
9. United Nations Population Division. (forthcoming, 2014). *World Population Prospects: The 2013 Revision [estimates for 2013 used]*.
10. National Statistics Office [Malawi]. (2014). *Malawi MDG Endline Survey 2014, Main Report*. Zomba: National Statistical Office.

Notes:

- a. A space of six months or shorter between a birth and the next pregnancy is associated with increased risk of maternal death. A space of 18 months or less is associated with an increased risk of newborn (28 days), infant (babies up to one year) and perinatal (22 weeks gestation until end of 7 days after birth) mortality, low birth weight, small for gestational age, and preterm birth. The WHO recommends a space of 24 months between birth and the next pregnancy.⁶
- b. In Malawi, the estimated number of live births for 2013 is 604,700⁹ and the preterm birth rate for 2010 is 18.06715%⁸. The 2010 preterm birth rate is applied to the 2013 live birth estimate: (18.06715/100)*604,700=109,252 (rounded to 109,300). Countries are ranked by number of preterm births based on these estimates for 2013.
- c. This is the estimated number of deaths due to preterm birth complications in the first 28 days of life (rounded from 4,305⁴). If including those who die from preterm birth complications between 0 and 5 years the figure is 4,800 (estimate provided by Save the Children).