



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 Tanzania

Each year in Tanzania approximately 39,000 babies die before they reach one month of age, making Tanzania the country with the eleventh highest number of newborn deaths globally². 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 13,900 Tanzanian newborns dying on their first day, and 28,200 deaths in the first week of life³.

Of the 39,000 newborn deaths in Tanzania, 11,900 (31%) die from complications from delivery, 9,400 (24%) die from preterm birth complications, and 7,800 (20%) die from infections such as sepsis or meningitis⁴. In addition, a further 22,000 stillbirths happen at the time of delivery. These deaths indicate Tanzania's urgent need for universal access to skilled birth attendance and better quality of care around delivery.

While Tanzania 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 40% of all child mortality².

What can be done in Tanzania?

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 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
- ⓐ 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^{9, a}
- ⓐ Encouraging early initiation and exclusive breastfeeding¹⁰
- ⓐ Improving sanitation and hygiene in facilities, and ensure availability of essential drugs and intravenous antibiotics to reduce newborn deaths from sepsis and other infections^{1,5}

In 2014 Tanzania committed to the Every Newborn Action Plan¹ and the Sharpened One Plan⁵. These strategies set out the priority solutions, and call 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.

If the Sharpened One Plan is delivered, it could save 9,400 newborn lives and avert 2,500 stillbirths, and prevent 1,400 maternal deaths by December 2015⁵



Newborns in Tanzania

Number of newborn deaths in the first month of life (2013) ²	38,600
Number of newborn deaths in the first day of life (2013)³	13,900
Mortality rate in the first month of life (2013) ²	21 per 1000 babies born alive
Country rank for number of newborn deaths (2013)²	11th
Number of babies born preterm (2013) ^{6,7,b}	213,500
Number of newborn deaths due to preterm birth complications (2013)^{4,c}	9,400
Number of deaths due to intrapartum-related events (2013) ⁴	11,900
Number of deaths due to sepsis/meningitis/tetanus (2013)⁴	7,800
Demand for family planning satisfied (2010) ⁸	61%
Antenatal care of four of more visits (2010)⁸	43%
Skilled attendant at delivery (2010) ⁸	51%
Mothers and babies who received postnatal care within two days of birth (2010)⁸	31%
Early initiation (within one hour) of breastfeeding (2010) ⁸	49%
Exclusive breastfeeding for infants in the first six months (2010)⁸	50%

References:

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10. Evidence for Action. (2014). [MamaYe Facts and Figures on Breastfeeding](#). London: Evidence for Action.

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.⁹
- b. In Tanzania, the estimated number of live births for 2013 is 1,865,300⁷ and the preterm birth rate for 2010 is 11.44532%⁶. The 2010 preterm birth rate is applied to the 2013 live birth estimate: (11.44532/100)*1,865,300=213,490 (rounded to 213,500). The preterm birth rate is 11.4%; this is equivalent to 1 baby out of every 9 being born preterm. Countries are ranked by number of preterm births based on these estimates for 2013.
- c. The estimated number of deaths due to preterm birth complications in the first 28 days of life in Tanzania (rounded from 9,394).⁴ If including those who die from preterm birth complications between 0 and 5 years, the figure is 10,800 (estimate provided by Save the Children).