



5. Antenatal care

Antenatal care is the care provided by skilled health professionals to pregnant women to ensure the health of mother and child during pregnancy and childbirth. ANC services provide a platform to deliver evidence-based interventions and counselling to pregnant women in order to promote a healthy pregnancy and safe delivery (8–10). Serving as a critical point of contact during the continuum of care for mothers and children, utilization of ANC services is associated with save delivery, improved postnatal attendance and an increase in facility delivery (11–13). A quality ANC check-up consists of risk identification, management and prevention of pregnancy-related risk factors and concurrent diseases, as well as health counselling. Globally, from 2011 to 2016, 86% of women aged 15–49 years attended at least one ANC visit during pregnancy with a skilled health professional; however, only 62%

of women attended all four visits as recommended by WHO (14).

5.1. Availability and components of national ANC policy/guideline

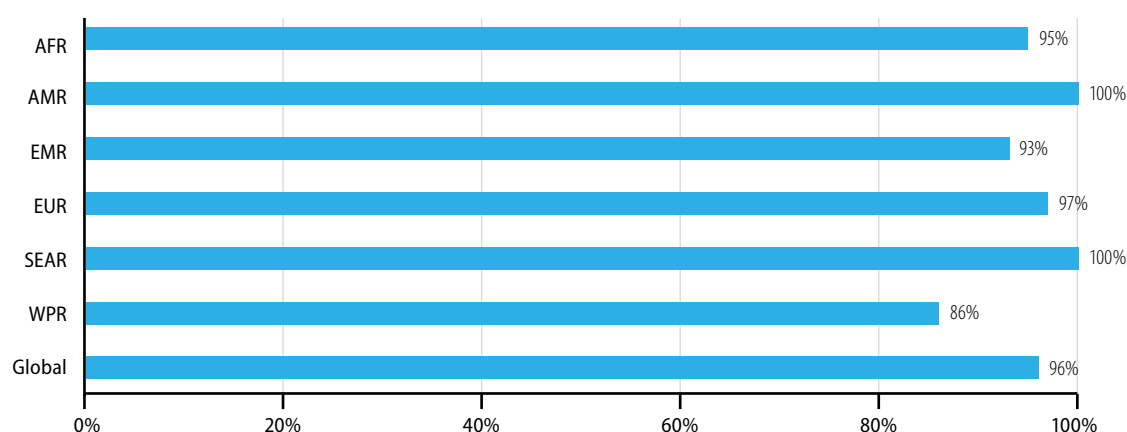
5.1.a. Availability of national policy on ANC

Globally, almost all countries have a national policy/guideline on ANC (96%). All countries in the Region of the Americas and the South-East Asia Region, and 93–97% of countries in the African Region, Eastern Mediterranean Region and European Region have a national policy/guideline on ANC, as do 86% of Western Pacific Region countries. There is little variation (86–100%) in the availability of an ANC policy/guideline by World Bank income group (Table A.2.11, Fig. 19 and 20).

Figure 19. Map of countries where national policy/guideline on ANC is available



Figure 20. Availability of national policies/guidelines on ANC, by WHO region



5.1.b. Components of national ANC policy

Globally, 93% of all countries have a national policy/guideline on ANC that specifies the minimum number of ANC contacts during a normal pregnancy. All countries in the South-East Asia Region and more than 90% of countries in the African Region, Eastern Mediterranean Region, European Region and the Region of the Americas have an ANC policy/guideline that specifies the minimum number of ANC contacts, as do 79% of countries in the Western Pacific Region (Table A.2.12).

Globally, 52% of countries recommend at least four ANC contacts during a normal pregnancy, while 39% recommend at least eight contacts, and 3% recommend less than four contacts. Regionally, there is variation in the proportion of countries that have adopted the WHO recommendation for eight ANC visits during a normal pregnancy. In the African Region, 48% of countries recommend at least eight visits, while 41% recommend at least four visits. In the Eastern Mediterranean Region 13% of countries recommend at least eight visits, while 80% recommend at least four visits. Few countries recommend less than four ANC contacts: 7% in the African Region and 3% in the European Region. There is little variation in the number of ANC contacts recommended by World Bank income group. High-income countries are less likely to recommend four ANC contacts (37%) and more likely to recommend eight ANC contacts (45%), compared to low-income countries (56% and 34%, respectively) (Table A.2.12, Fig. 21).

Globally, 94% of countries specify in their national policy/guideline when the first ANC contact should

occur (Table A.2.13, Fig. 22). All countries in the Region of the Americas and South-East Asia Region specify the time for the first ANC contact, as do most countries in the African Region (90%), Eastern Mediterranean Region (93%) and European Region (97%), compared to 79% of countries in the Western Pacific Region.

Globally, 90% of countries recommend that the first ANC contact takes place within the first 12 weeks of pregnancy. Only 3% of countries recommend the first ANC visit later than 12 weeks. Regionally, almost all countries specify in their national policy/guideline that the first ANC contact should be in the first 12 weeks of pregnancy: African Region (88%), Eastern Mediterranean Region (80%), European Region (95%), Region of the Americas (97%), South-East Asia Region (91%) and Western Pacific Region (79%). By World Bank income group, upper-middle-income and high-income countries are more likely to recommend a first ANC contact within 12 weeks of pregnancy (98% and 95%, respectively), compared to low-income and lower-middle-income countries (84% and 82%, respectively) (Table A.2.13, Fig. 22).

In line with WHO recommendations, national ANC policies/guidelines should include provisions for the delivery of specific interventions as well as counselling on key topics. Globally, 94% of countries include a statement on counselling and provision for the delivery of specific interventions in their national policy/guideline on ANC. Regionally, all countries in the South-East Asia Region have a national policy/guideline on ANC that includes a statement on counselling and interventions, as do most countries in other regions: Eastern Mediterranean

Figure 21. National policy/guideline on ANC specifies minimum number of ANC contacts during a normal pregnancy, by WHO region

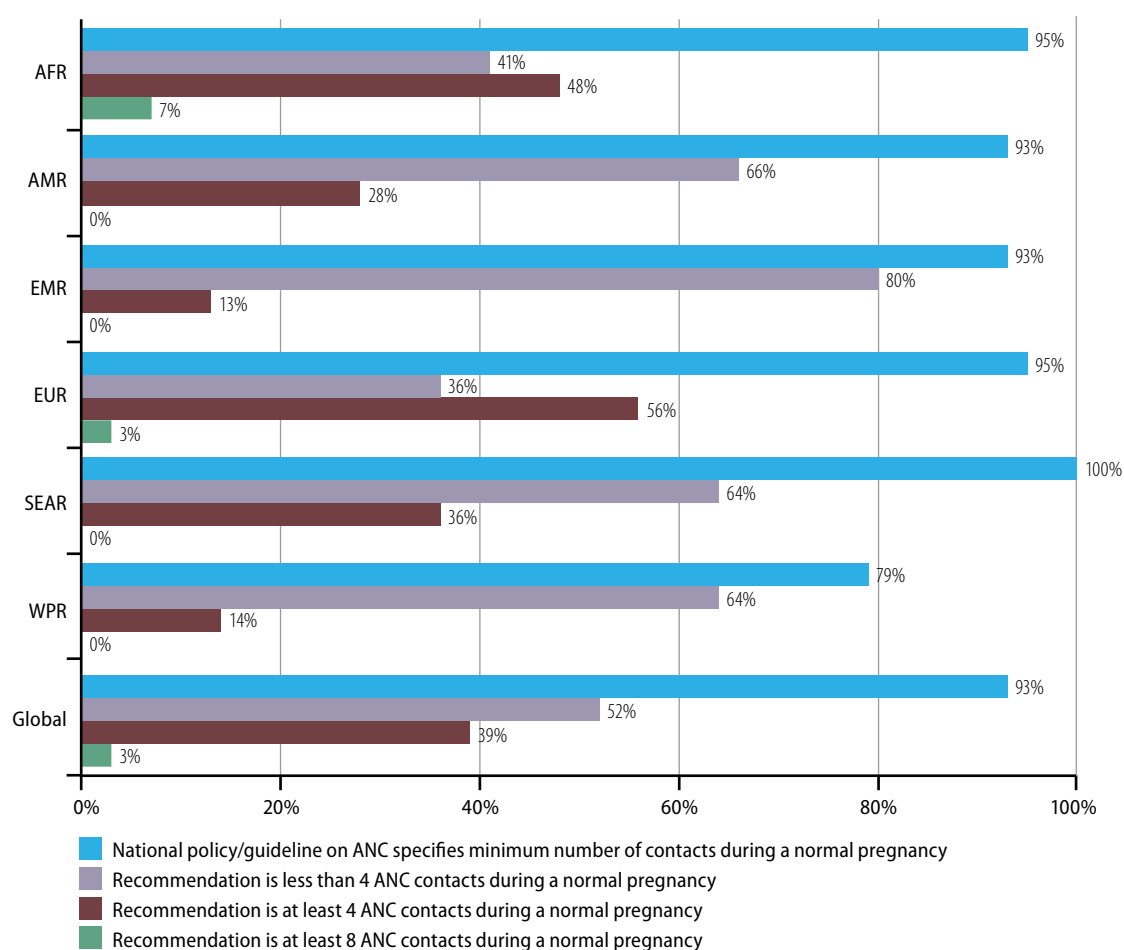
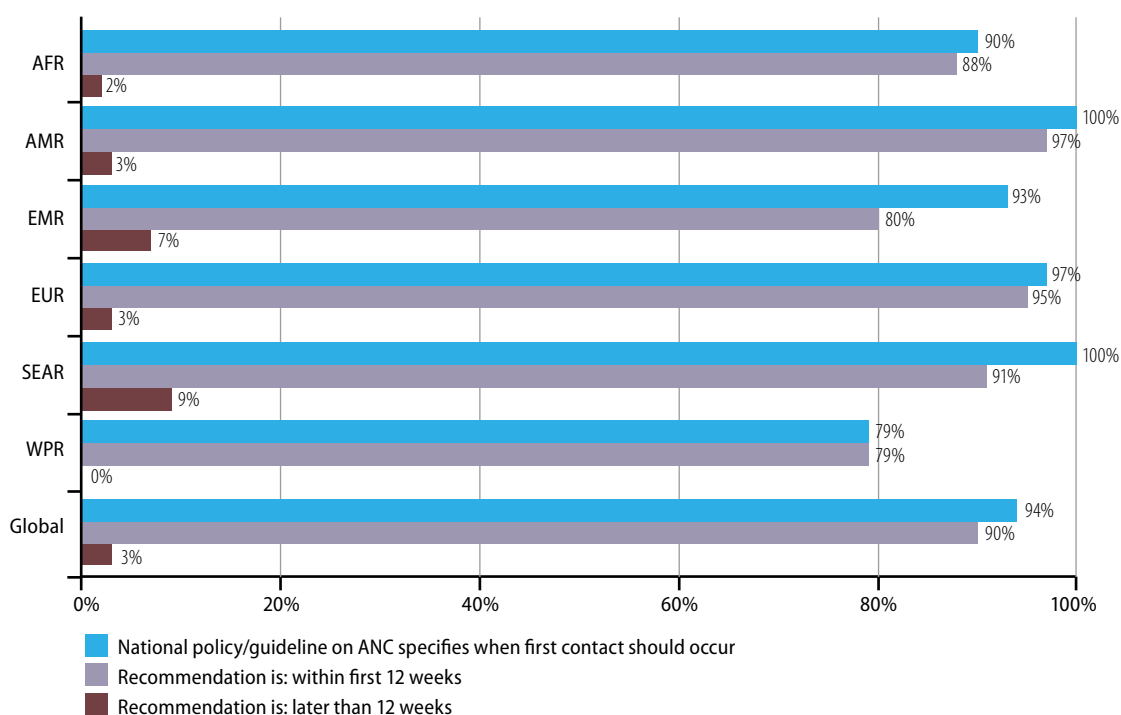


Figure 22. National policy/guideline on ANC specifies time of first contact, by WHO region



Region (93%), European Region (97%), Region of the Americas (93%) and Western Pacific Region (79%). Availability of a statement on counselling and interventions in national policies/guidelines on ANC is high across World Bank income groups (>90%) (Table A.2.14, Fig. 23).

Globally, national policies/guidelines on ANC most frequently include a statement on the provision of iron and folic acid during pregnancy (93%), screening for STIs (91%), nutrition during pregnancy (90%), prevention and treatment of syphilis in pregnancy (89%), birth preparedness and complication readiness (89%), prevention and treatment of HIV in pregnancy (87%), and immunization in pregnancy (87%). Statements on the prevention of tuberculosis (TB) in pregnancy are less likely to be included in national policies/guidelines on ANC (59%). Regionally, more than 90% of all countries include

a statement on the provision of iron and folic acid during pregnancy, with the exception of the Western Pacific Region (79%). Similarly, a statement on the provision of immunization during pregnancy is often included across regions (>80%), with the exception of countries in the Western Pacific Region (50%). Statements on the prevention and treatment of TB in pregnancy are more frequently included in national ANC policies/guidelines in some regions (African Region: 60%, Eastern Mediterranean Region: 60%, Region of the Americas: 69%, South-East Asia Region: 91%) than in others (European Region: 51%, Western Pacific Region: 36%). There is little variation between World Bank income groups regarding the components included in national policies/guidelines on ANC, with the exception of high-income countries, which are less likely to include a statement on TB (42%) (Table A.2.15, Fig. 24).

Figure 23. National policy/guideline on ANC includes statement on counselling and interventions, by WHO region

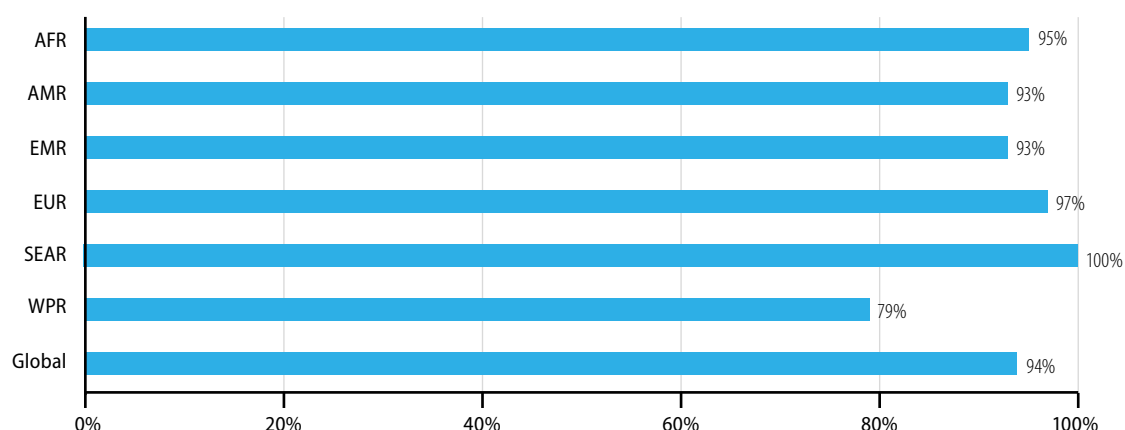
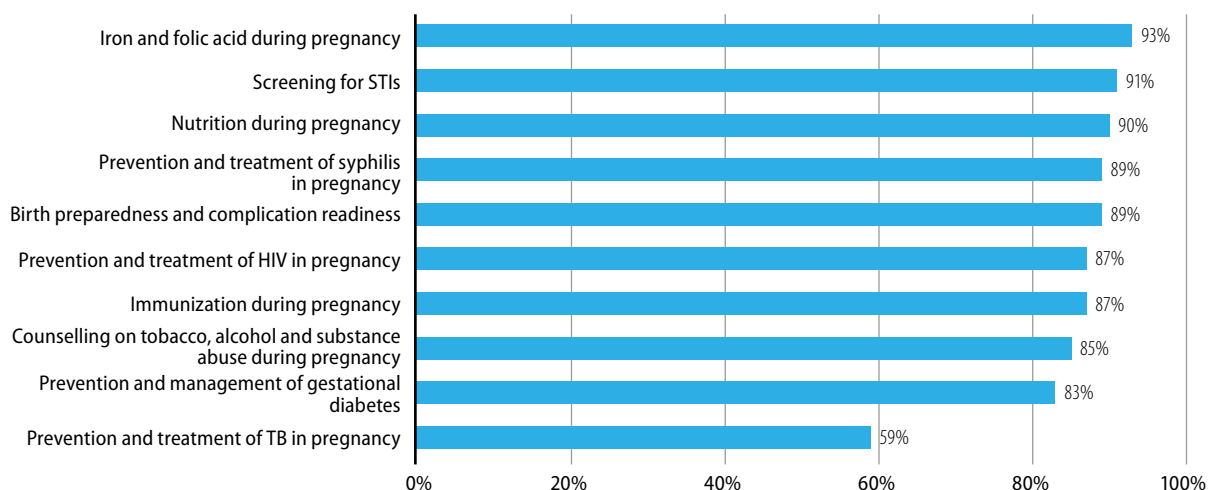


Figure 24. Components included in national ANC policy/guideline, globally



Globally, 79% of countries recommend the use of an ultrasound prior to 24 weeks of gestation in their national policy/guideline on ANC. Regionally, the recommendation to use ultrasound before 24 weeks of gestation is frequently included in ANC policies/guidelines across countries in the European Region (97%), Region of the Americas (86%) and South-East Asia Region (82%). In comparison, countries in the African Region and Western Pacific Region make this recommendation less often (67% and 57%, respectively). Higher income groups make the recommendation for ultrasound before 24 weeks of gestation more frequently (upper-middle-income: 93%, high-income: 89%) than lower income groups (low-income: 63%, lower-middle-income: 69%) (Table A.2.16, Fig. 25).

- birth preparedness and complication readiness
- nutrition during pregnancy
- iron and folic acid during pregnancy
- immunization during pregnancy
- screening for STIs during pregnancy
- prevention and treatment of HIV in pregnancy
- prevention and treatment of syphilis in pregnancy
- prevention and treatment of TB in pregnancy
- prevention and management of gestational diabetes
- prevention of tobacco, alcohol and substance abuse during pregnancy;

- A statement recommending the use of ultrasound before 24 weeks of gestation.

In line with WHO recommendations, national policies/guidelines on ANC should include the following components:

- Guidance on the minimum number as well as recommended number of ANC contacts during a normal pregnancy;
- Guidance on the time of the first ANC visit (within the first 12 weeks, later than the first 12 weeks);
- A statement on counselling and interventions that specifically addresses:

Globally, countries include on average 76% of these components in their national policy/guideline on ANC. No countries have all policy components. Countries in the Region of the Americas and South-East Asia Region include the highest proportion of items on average in their national ANC policies/guidelines (80% and 85%, respectively). Countries in the Western Pacific Region and European Region include fewer policy components on average (61% and 74%, respectively). World Bank income groups do not demonstrate high variation regarding the proportion of items included on average in national ANC policies (71–79%) (Table A.2.17, Fig. 26).

Figure 25. National policy/guideline on ANC recommends use of ultrasound before 24 weeks of gestation, by WHO region

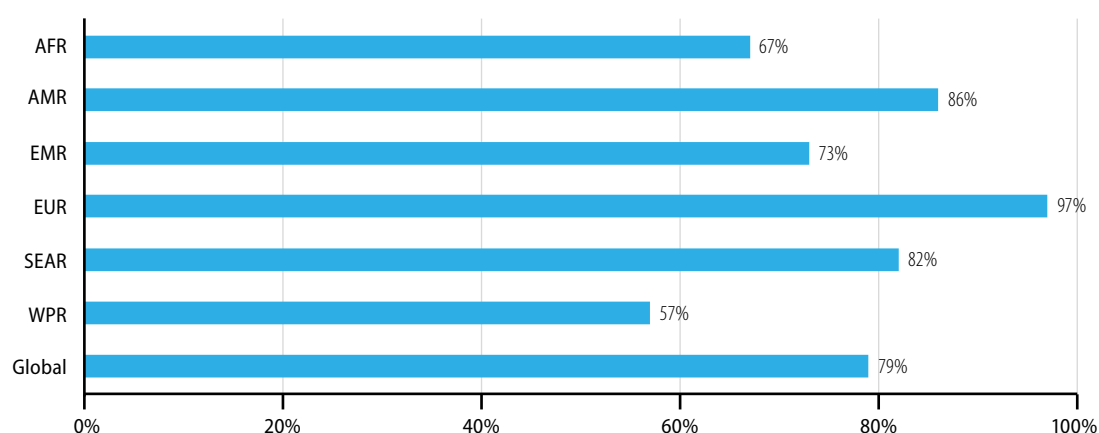
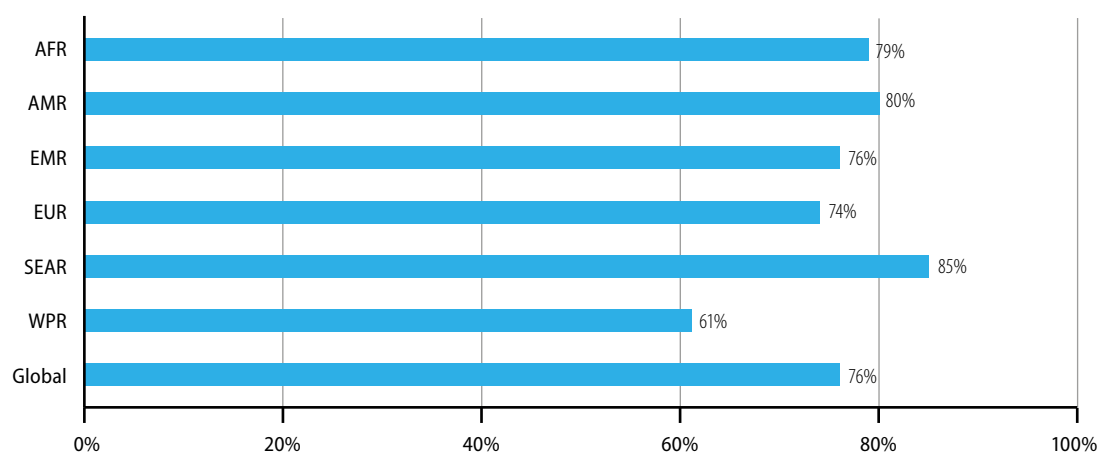


Figure 26. Average proportion of policy components and proportion of countries with all components included in ANC national policy/guideline, by WHO region





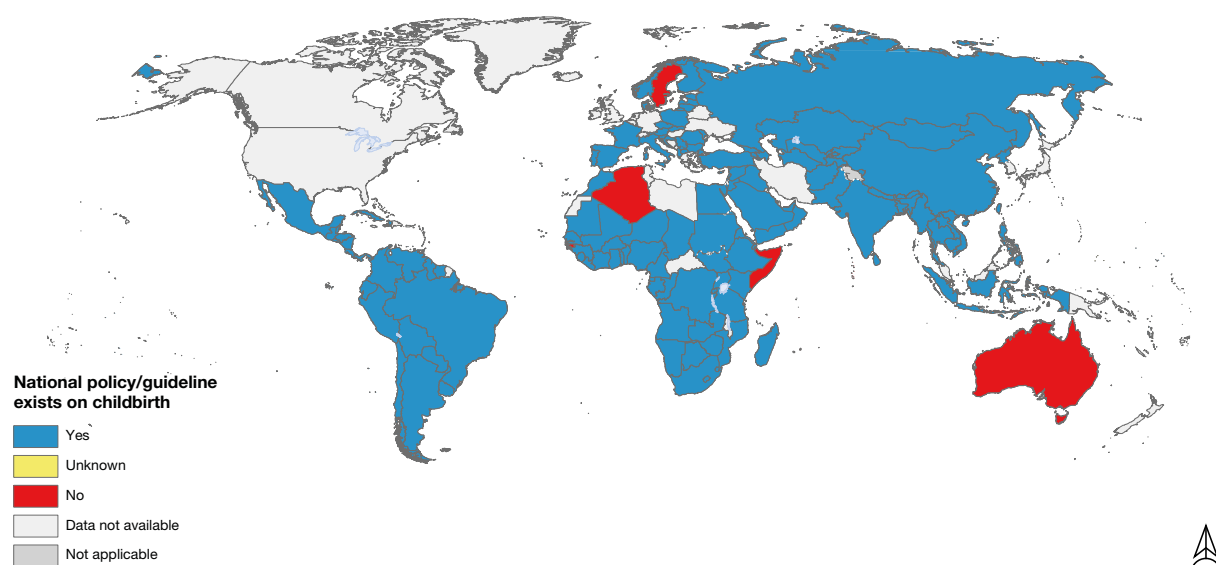
6. Childbirth

It is estimated that 99% of maternal deaths in low- and middle-income countries can be prevented (15). The leading complications during childbirth, accounting for 75% of maternal deaths, include: severe bleeding, infections, high blood pressure (pre-eclampsia, eclampsia), unsafe abortion and complications resulting from delivery. Additional maternal deaths can be attributed to comorbidities acquired during pregnancy such as malaria and/or acquired immune deficiency syndrome (AIDS). To align with WHO recommendations, national policies/guidelines on childbirth should include appropriate recommendations on the right of every woman to have access to skilled care at childbirth to prevent and manage birth complications at the time of delivery. For instance, severe bleeding can be reduced by administering an oxytocin injection shortly after childbirth. Pre-eclampsia and eclampsia can also be managed through administration of magnesium sulfate (16).

6.1. Availability and components of national childbirth policy/guideline, including national policy/guideline on the right of every woman to have access to skilled care at childbirth

Globally, almost all countries (>90%) have a national policy/guideline on childbirth. There is little variation by region, with more than 90% of countries in the African Region, Eastern Mediterranean Region, European Region, Region of the Americas and South-East Asia Region having a national policy on childbirth, as well as 79% of countries in the Western Pacific Region. By World Bank income group, 84% of high-income countries have a national policy on childbirth, compared to more than 90% of countries in low-income, lower-middle-income and upper-middle-income groups. Results are similar for the availability of a national policy/guideline on the right of every woman to have access to skilled care at childbirth, with 87% of countries globally having such a policy. Across all regions, more than 90% of countries have a policy on the right of every woman to have access to skilled care at childbirth, with the exception of the African Region (86%) and Western Pacific Region (64%) (Table A.2.18, Fig. 27 and 28).

Figure 27. Map of countries where national policy/guideline on childbirth is available



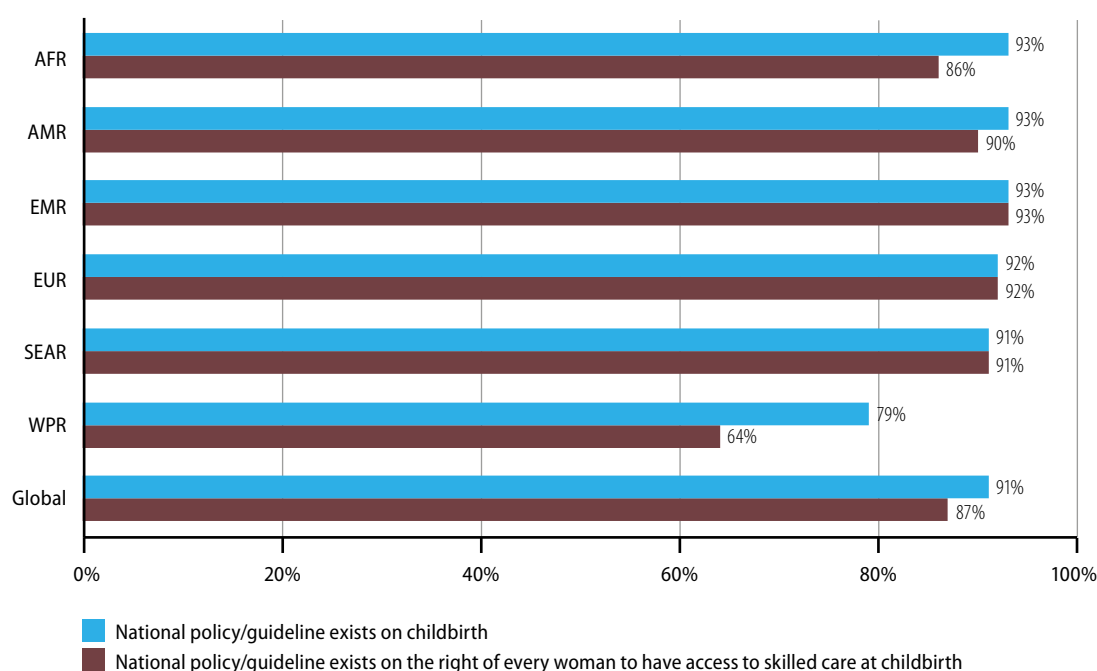
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Data Source: Maternal, Newborn, Child, and Adolescent Health Policy Survey, 2018
Map Production: Department of Maternal, Newborn, Child, and Adolescent Health
World Health Organization



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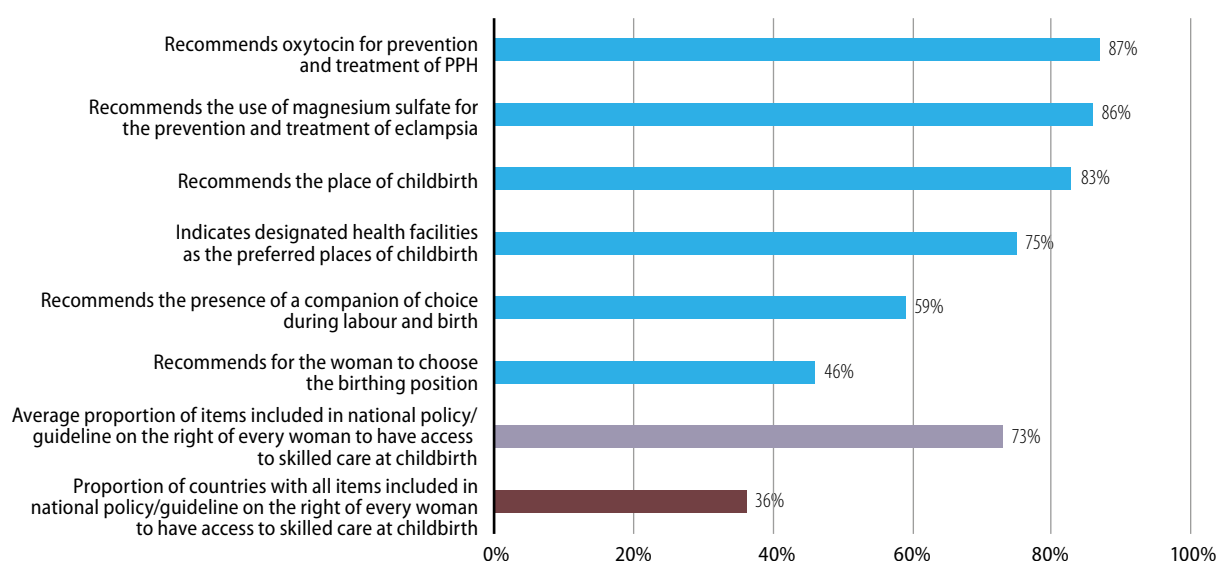
Figure 28. Availability of national policies/guidelines on the right of every woman to have access to skilled care at childbirth, by WHO region



Globally, the most common components included in national policies/guidelines on the right of every woman to have access to skilled care at childbirth are the recommendation for the prevention and treatment of postpartum haemorrhage (PPH) (87%) and the recommendation for the use of magnesium sulfate for the prevention and treatment of eclampsia (86%) (Table A.2.19, Fig. 29).

Eighty-three per cent of countries globally have a national policy/guideline on the right of every woman to have access to skilled care at childbirth that recommends the place of childbirth. High-income countries are less likely to make a recommendation on the place of birth (74%), compared to low-income (84%) and lower-middle-income (92%) countries. Seventy-five per cent of

Figure 29. Components included in national policy/guideline on the right of every woman to have access to skilled care at childbirth, globally



countries globally have a national policy/guideline on childbirth that designates health facilities as the preferred place of childbirth. Regionally, countries most likely to stipulate health facilities as the preferred place of childbirth are in the African Region (81%) and South-East Asia Region (91%), while fewer countries in the Eastern Mediterranean Region (60%) and Western Pacific Region (50%) make this specification (Table A.2.19, Fig. 29).

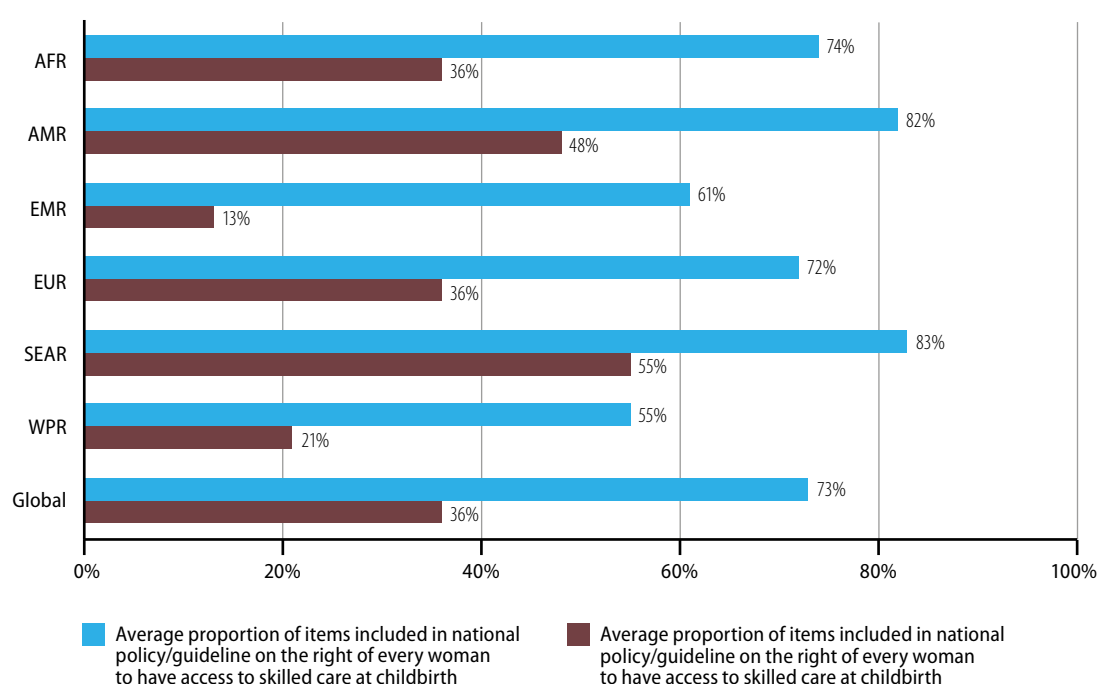
Globally, fewer national policies/guidelines on the right of every woman to have access to skilled care at childbirth included a recommendation on the presence of a companion of choice during labour and birth (59%) or the recommendation for the woman to choose the birthing position (46%). A recommendation on the presence of a companion of choice during labour and birth is most commonly included in countries in the European Region (72%) and Region of the Americas (76%) and least often included in countries in the Eastern Mediterranean Region (20%) and Western Pacific Region (43%). The recommendation for the woman to choose the birthing position is most commonly present in national policies/guidelines on the right of every woman to have access to skilled care at childbirth in countries in the Region of the Americas (62%)

and South-East Asia Region (64%) and is least often included by countries in the Eastern Mediterranean Region (20%) and Western Pacific Region (29%) (Table A.2.19, Fig. 30).

To align with WHO recommendations, national policies/guidelines on the right of every woman to have access to skilled care at childbirth should:

- Make recommendations on the place of childbirth.
- Indicate designated health facilities as the preferred place of childbirth.
- Recommend the presence of a companion of choice during labour and birth.
- Recommend for the woman to choose the birthing position.
- Recommend the use of magnesium sulfate for the prevention and treatment of eclampsia.
- Recommend the use of oxytocin for the prevention and treatment of PPH.

Figure 30. Average proportion of policy components and proportion of countries with all components included in national policy/guideline on the right of every woman to have access to skilled care at childbirth, by WHO region



Globally, 36% of countries include all the above-listed components in their national policy/guideline on the right of every woman to have access to skilled care at childbirth. On average, 73% of policy components are included by countries globally. Regionally, the highest proportions of countries with all items included in their national policy/guideline on the right of every woman to have access to skilled care at childbirth are in the South-East Asia Region (55%), Region of the Americas (48%), African Region (36%) and European Region (36%). The lowest proportions of countries with all components included in their national policy/guideline are in the Eastern Mediterranean Region (13%) and Western Pacific Region (21%) (Table A.2.20, Fig. 30).

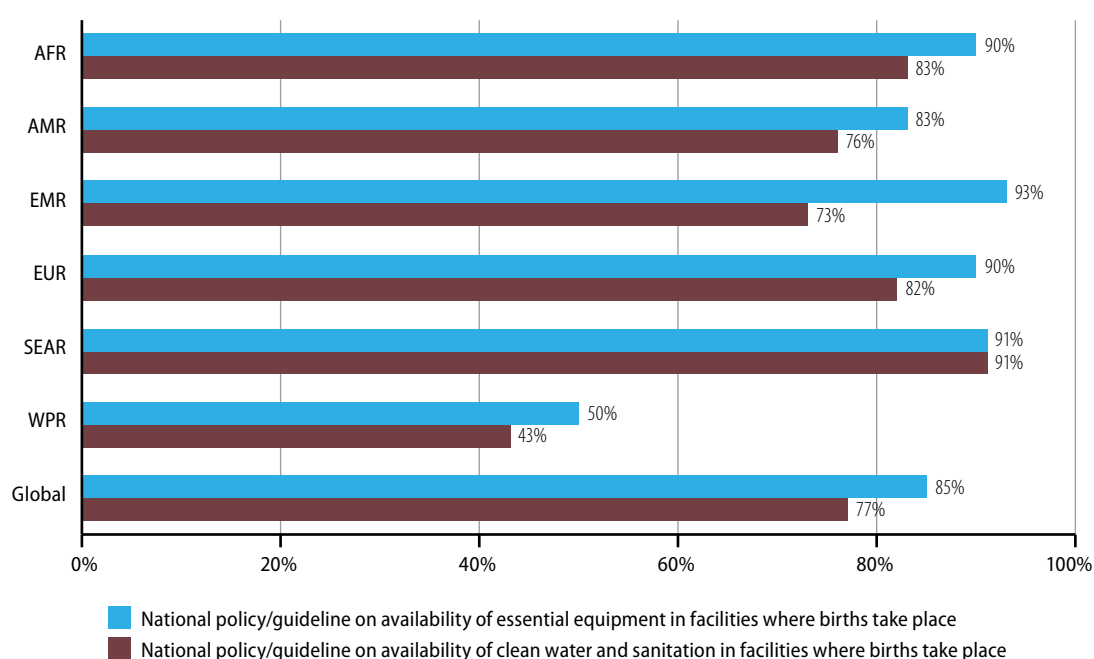
6.2. Availability of national policy/guideline on facility infrastructure

Globally, 77% of countries have a national policy/guideline on the availability of clean water and sanitation in the facilities where births take place. Regionally, countries in the South-East Asia Region are most likely to have such a policy (91%), followed

by countries in the African Region (83%) and European Region (82%). In comparison, a national policy/guideline on the availability of clean water and sanitation in birth facilities is less common in countries in the Region of the Americas (76%), Eastern Mediterranean Region (73%) and Western Pacific Region (43%). Low-income countries are the most likely (88%) to have a national policy/guideline on the availability of clean water and sanitation in birth facilities, and high-income countries are the least likely (66%) to have such a policy (Table A.2.21, Fig. 31).

Globally, 85% of countries have a national policy/guideline on the availability of essential equipment in facilities where births take place. Regionally, most countries have a policy on the availability of essential equipment at birth facilities: African Region (90%), Eastern Mediterranean Region (93%), European Region (90%), Region of the Americas (83%) and South-East Asia Region (91%), with the exception of the Western Pacific Region, where only half of all countries have such a policy (Table A.2.21, Fig. 31).

Figure 31. Availability of national policies/guidelines on availability of clean water, sanitation and essential equipment in facilities where births take place, by WHO region



6.3. Availability of national policy/guideline/law on notification and review of maternal, stillbirth and neonatal deaths

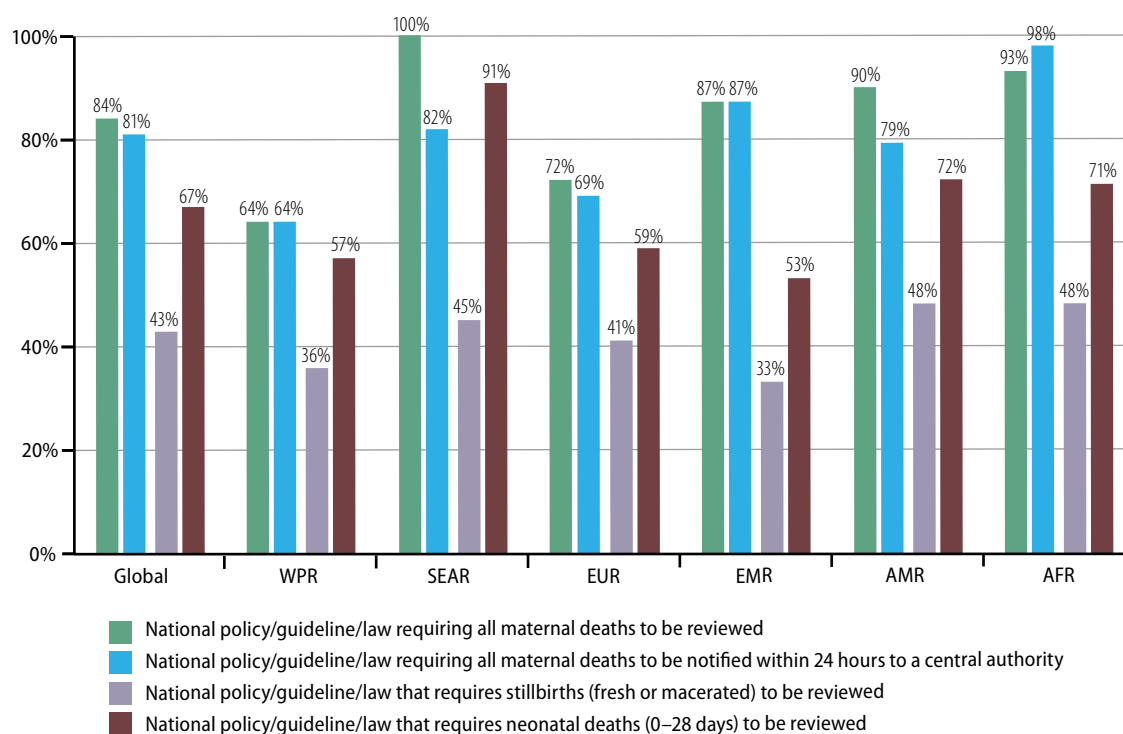
Globally, the availability of a national policy/guideline/law requiring all maternal deaths to be notified within 24 hours to a central authority is high across all countries (81%). Regionally, availability of such a policy is common in countries in the African Region (98%), Eastern Mediterranean Region (87%) and South-East Asia Region (82%). There is greater variability in the European Region and Western Pacific Region, where approximately two thirds of countries have a national policy/guideline/law requiring all maternal deaths to be notified within 24 hours to a central authority (European Region: 69%, Western Pacific Region: 64%).

Globally, 84% of countries have a national policy/guideline that requires all maternal deaths to be reviewed. Regionally, 100% of countries in the South-East Asia Region, 93% of those in the African Region,

90% in the Region of the Americas, 87% in the Eastern Mediterranean Region, 72% in the European Region and 64% in the Western Pacific Region have a national policy/guideline that requires all maternal deaths to be reviewed (Table A.2.22, Fig. 32).

The availability of a national policy/guideline/law that requires stillbirths (fresh or macerated) to be reviewed is less common globally (43%). Regionally and by World Bank income group there is little variation, with 30–50% of countries having such a national policy/guideline/law. Globally, 67% of countries have a national policy/guideline/law that requires neonatal deaths (0–28 days of age) to be reviewed. Regionally, 91% of countries in the South-East Asia Region, 72% in the Region of the Americas and 71% in the African Region have a national policy/guideline/law that requires neonatal deaths to be reviewed, while only 53% of countries in the Eastern Mediterranean Region, 57% in the Western Pacific Region and 59% in the European Region have such a policy/guideline/law (Table A.2.22, Fig. 32).

Figure 32. Availability of policies/guidelines/laws on maternal, stillbirth and neonatal death notification and review, by WHO region



6.4. Availability of national policy/ guideline setting forth a competency framework for maternal and/or newborn health care

Globally, 77% of all countries have a national policy/ guideline that sets forth a competency framework for maternal and/or newborn health care. Regionally, almost all countries in the South-East Asia Region (91%) and most countries in the European Region (82%) have a national policy/ guideline that describes a competency framework for maternal and/or newborn health care. Countries in the Western Pacific Region are less likely to have such a national policy/ guideline (57%) (Table A.2.23, Fig. 33).

6.5. Inclusion in national essential drugs list of drugs indicated for use during pregnancy, childbirth and postpartum care

Globally, 91% of all countries have a national policy/ guideline on essential medicines and equipment. Regionally, 100% of countries in the South-East Asia Region and Eastern Mediterranean Region have such a policy. Most countries in the African Region (98%), Region of the Americas (97%) and Western Pacific Region (86%) also have a national policy/ guideline on essential medicines and equipment, as do 74% of countries in the European Region. Availability of national policies/ guidelines on essential medicines and equipment is very high across most World Bank income groups (>90%), with the exception of high-income countries (79%) (Table A.2.24, Fig. 34).

Figure 33. Availability of national policies/ guidelines setting forth a competency framework for maternal and/or newborn health care, by WHO region

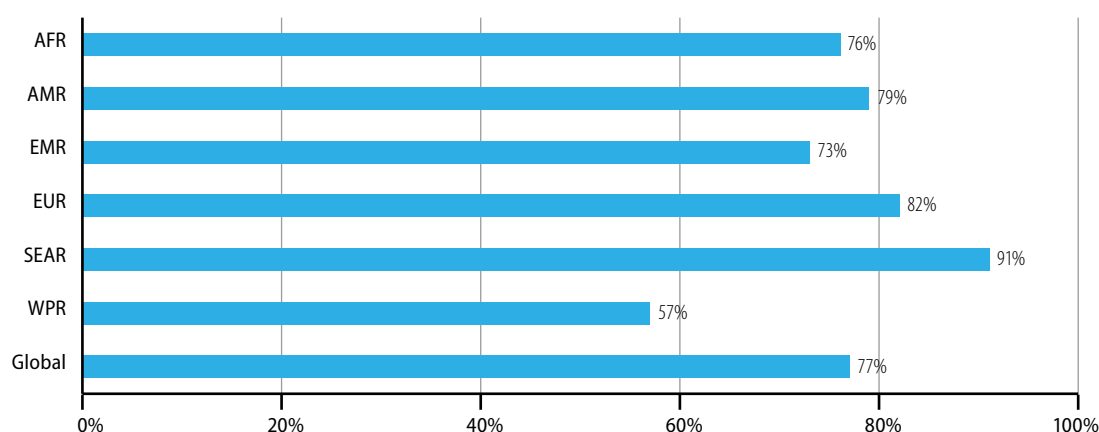
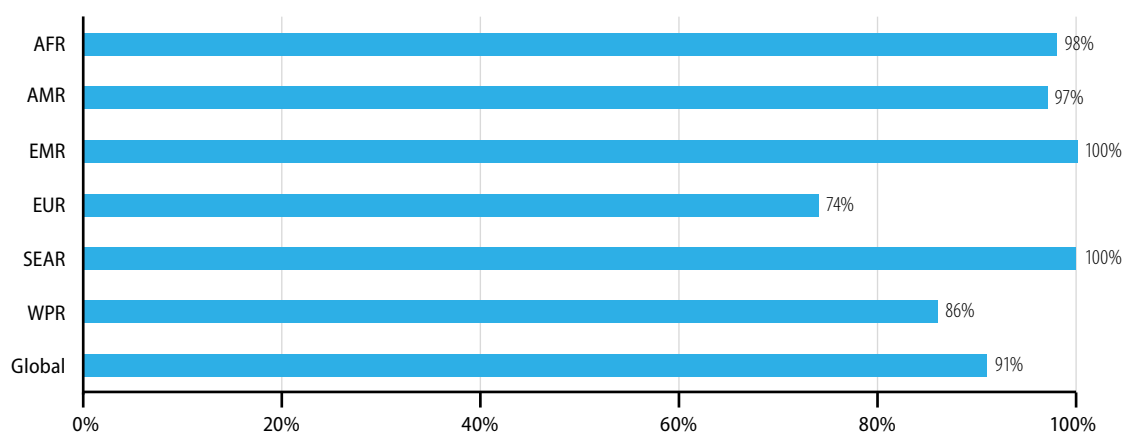


Figure 34. Availability of national policies/ guidelines on essential medicines and equipment, by WHO region

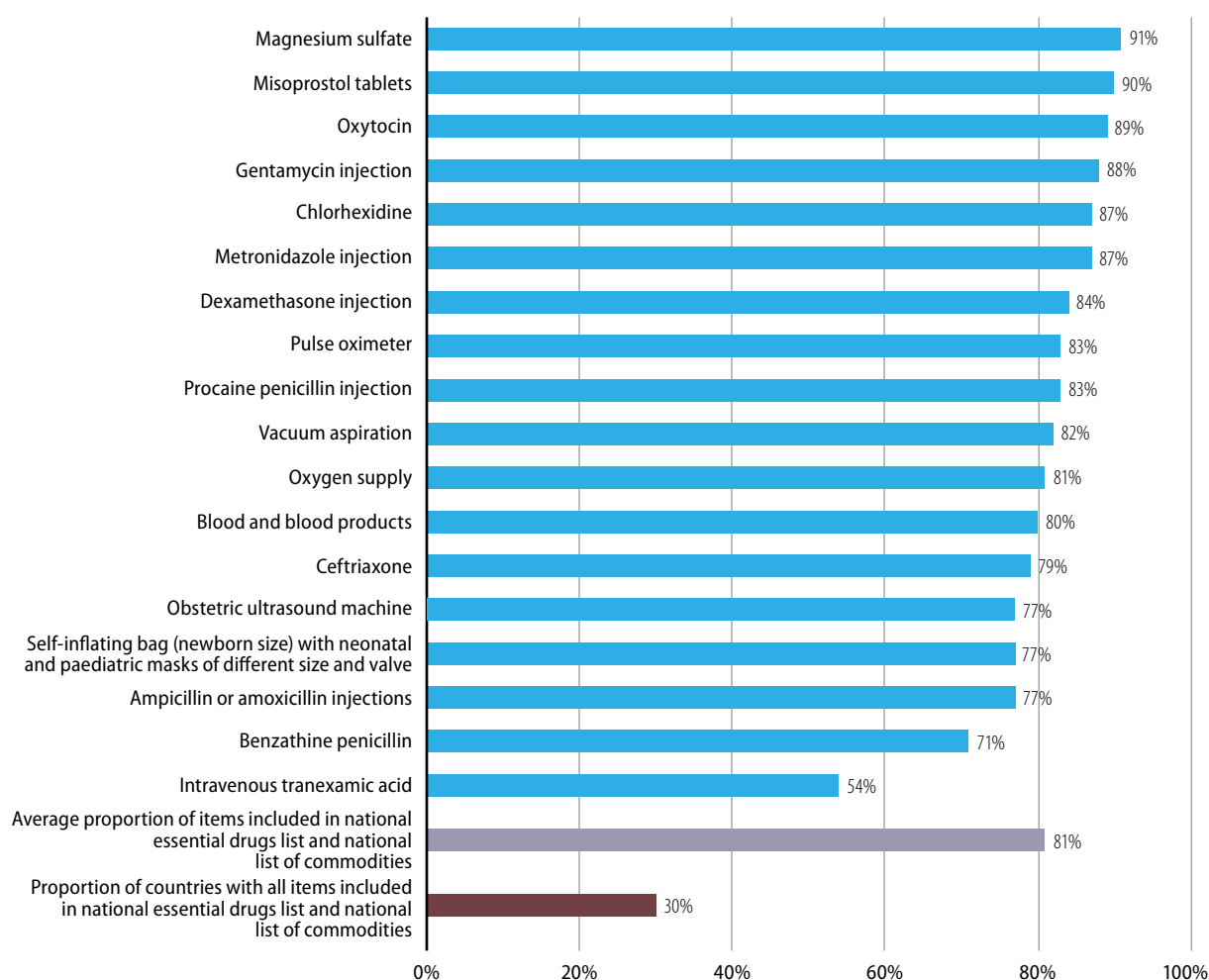


Globally, national essential drugs lists most frequently include the following medicines indicated for use during pregnancy, childbirth and postpartum care: magnesium sulfate (91%), misoprostol tablets (90%), oxytocin (89%), gentamycin injection (88%), chlorhexidine (87%) and metronidazole injection (87%). Benzathine penicillin (71%) and intravenous tranexamic acid (54%) are not as frequently listed. Although inclusion of medicines indicated for use during pregnancy, childbirth and postpartum care is high in national essential drugs lists in the African Region and Region of the Americas, fewer than half of countries in these regions include intravenous tranexamic acid. Similarly, there are mixed findings for countries in the Western Pacific Region, with some items being commonly included in national essential drugs lists (such as magnesium sulfate: 86%) and others less so (misoprostol: 64%, procaine penicillin injection: 71%, chlorhexidine: 64%,

intravenous tranexamic acid: 64%) (Tables A.2.25–27, Fig. 35).

Globally, the following equipment indicated for use during pregnancy, childbirth and postpartum care is commonly available in national lists of essential commodities: obstetric ultrasound machine (77%), self-inflating bag (newborn size) with neonatal and paediatric masks of different sizes and valves (81%), oxygen supply (83%), pulse oximeter (80%), blood and blood products (82%) and vacuum aspiration (77%). Obstetric ultrasound is less commonly available compared to other equipment in some countries (African Region: 76%, European Region: 69%, Western Pacific Region: 71%) (Tables A.2.25–27, Fig. 35). Regionally, the European Region has the lowest availability of equipment indicated for use during pregnancy, childbirth and postpartum care (ultrasound machine: 69%, self-inflating

Figure 35. Items indicated for use during pregnancy, childbirth and postpartum care included in national essential drugs list and national list of commodities, globally

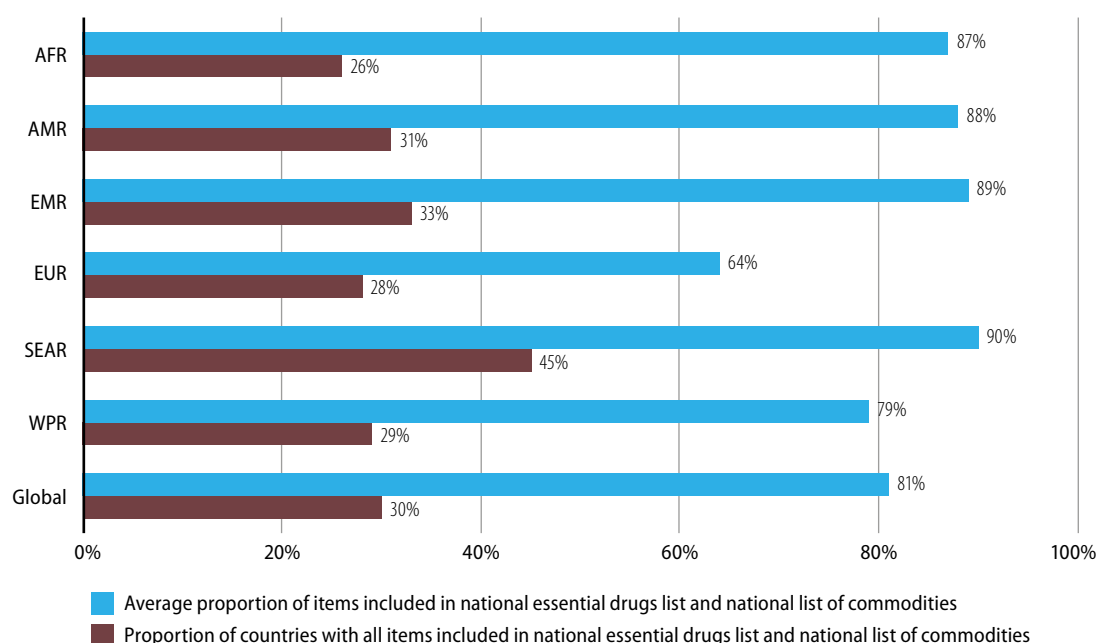


bag (newborn size) with neonatal and paediatric masks of different sizes and valves: 69%, oxygen supply: 69%, pulse oximeter: 69%, blood and blood products: 67%, vacuum aspiration: 67%).

On average, 81% of medicines and equipment items indicated for use during pregnancy, childbirth and postpartum care are included in national essential drugs lists and commodities lists globally. Regionally, on average most countries include a high proportion of medicines and equipment items in their national essential drugs list and national list of essential commodities (79–90%), with the exception

of countries in the European Region (64%) (Table A.2.27, Fig. 36). Globally, 30% of countries have all items specified in their national essential drugs list and commodities list. Regionally, nearly half of all countries in the South-East Asia Region (45%) include all medicines and equipment items indicated for use during pregnancy, childbirth and postpartum care in their national essential drugs list and national list of commodities, compared to 26% of countries in the African Region, 28% in the European Region and 29% in the Western Pacific Region (Table A.2.27, Fig. 36).

Figure 36. Average proportion of items included in national essential drugs/commodities list, and proportion of countries that include all items, by WHO region





7. Postnatal care for mothers and newborns

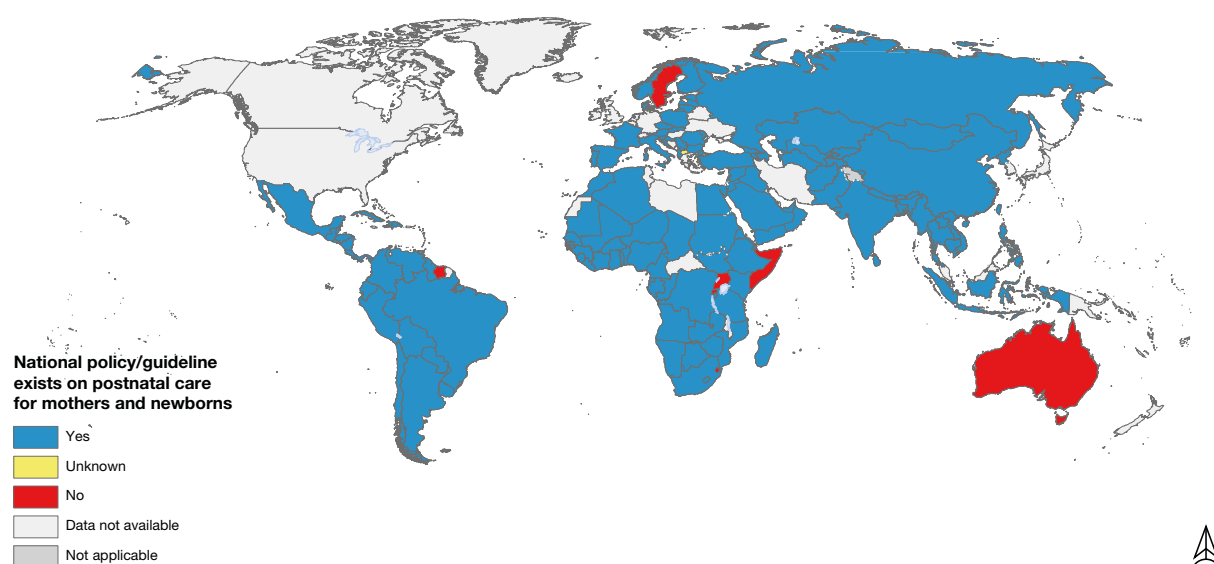
Globally, approximately 500 000 women and children die each year due to pregnancy and childbirth complications. The hours, days and weeks after childbirth pose a threat to mother and newborn infant (defined as 0–28 days), since most deaths occur during or immediately following childbirth. With appropriate care in this critical time period, a majority of maternal and neonatal deaths can be prevented. However, typically women are discharged directly following childbirth, and good practices, such as early initiation of breastfeeding, are not encouraged (17). Satisfactory postnatal care should include: the provision of basic health care for newborns and mothers; counselling to new mothers on how to identify danger signs; and identification of newborns who are preterm, have low birth weight, are sick or need special care (18). In line with WHO recommendations, national policies on postnatal care should recommend that health assessments of mothers and newborns are conducted postdelivery and provide indications for the management of preterm and low-birth-weight newborns.

7.1. Availability of national policy/guideline on postnatal care for mothers and newborns

Globally, 92% of countries have a national policy/guideline on postnatal care for mothers and newborns. Regionally, all countries in the South-East Asia Region have such a policy, as do most countries in the African Region (90%), Eastern Mediterranean Region (93%), European Region (95%) and Region of the Americas (93%). Countries in the Western Pacific Region are less likely to have a national policy/guideline on postnatal care for mothers and newborns (79%). There is little variation by World Bank income group regarding the availability of such a policy (89–95%) (Table A.2.28, Fig. 37 and 38).

Regionally, all countries recommend an assessment of both mother and newborn as part of their national policy/guideline on postnatal care, with the exception of 3% of countries in the Region of the Americas, where the recommendation is for mothers only (Table A.2.28, Fig. 38).

Figure 37. Map of countries where national policy/guideline on postnatal care for mothers and newborns is available

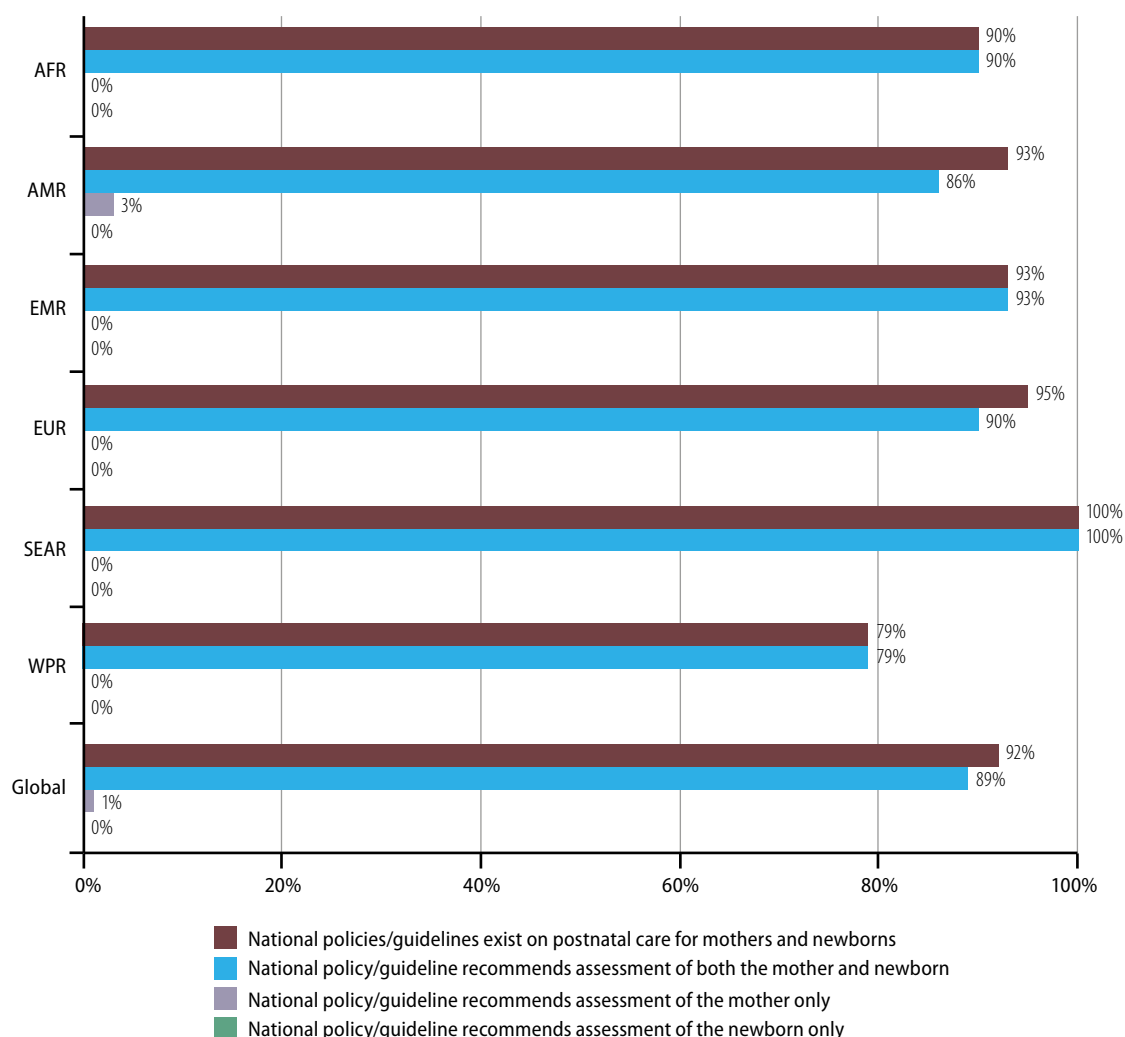


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Data Source: Maternal, Newborn, Child, and Adolescent Health Policy Survey, 2018
Map Production: Department of Maternal, Newborn, Child, and Adolescent Health
World Health Organization

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Figure 38. National policy/guideline on postnatal care recommends assessment of both mother and newborn, mother only or newborn only, by WHO region



7.2. Availability and components of national policy/guideline on management of low-birth-weight and preterm newborns

7.2.a. Availability of national policy on management of low-birth-weight and preterm newborns

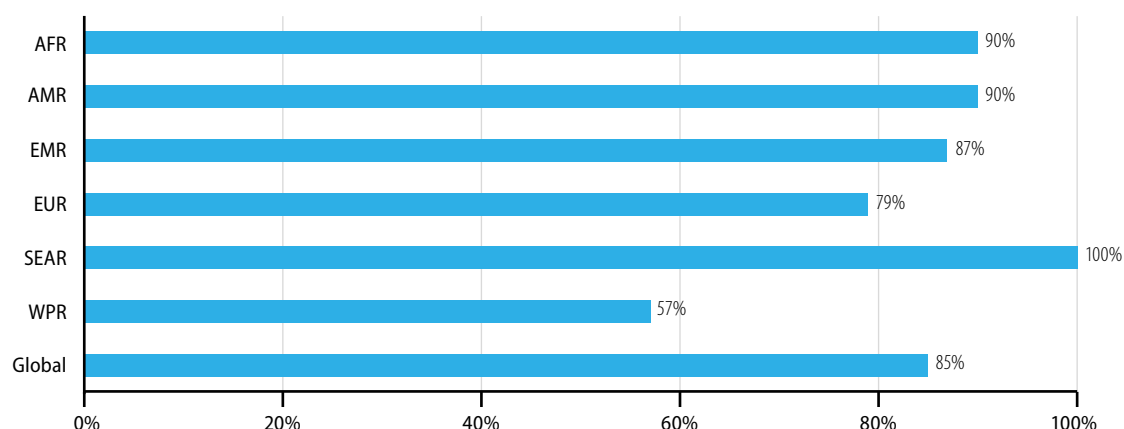
Eighty-five per cent of countries globally have a national policy/guideline on the management of low-birth-weight and preterm newborns. Regionally, this policy is present in all countries in the South-East Asia Region and most countries in the African Region (90%), Region of the Americas (90%) and Eastern Mediterranean Region (87%). A national policy/guideline on the management of low-birth-weight and preterm newborns is less available in

countries in the Western Pacific Region (59%) and European Region (79%). Lower-middle-income countries are the most likely to have such a policy (92%), while high-income countries are the least likely (71%) (Table A.2.29, Fig. 39).

7.2.b. Components of national policy on management of low-birth-weight and preterm newborns

Globally, most national policies/guidelines on the management of low-birth-weight and preterm newborns recommend feeding breastmilk (81%), specify the presence of skilled personnel to assist mothers who have difficulties breastfeeding (80%), and recommend Kangaroo Mother Care (skin-to-skin contact) for clinically stable newborns weighing 2000 g or less at birth (71%). Just over half of all countries have a national policy/guideline that

Figure 39. Availability of national policies/guidelines on management of low-birth-weight and preterm newborns, by WHO region



indicates the level of facility where Kangaroo Mother Care should be provided (55%) (Table A.2.30, Fig. 40).

Regionally, there is variability in the inclusion of these components in national policies/guidelines on the management of low-birth-weight and preterm newborns. Countries in the African Region, Eastern Mediterranean Region, Region of the Americas and South-East Asia Region typically include a high proportion of policy components (African Region: 81%, Eastern Mediterranean Region: 72%, Region of the Americas: 78%, South-East Asia Region: 91%). Availability of these components in national policies/guidelines in the European Region and

Western Pacific Region is lower (61% and 43%, respectively). Across all regions, the least available policy component is a statement indicating the level of facility where Kangaroo Mother Care should be provided (African Region: 69%, Eastern Mediterranean Region: 60%, European Region: 41%, Region of the Americas: 59%, South-East Asia Region: 73%, Western Pacific Region: 21%) (Table A.2.30, Fig. 41).

Fifty-two per cent of countries globally include all four components in their national policies/guidelines on the management of low-birth-weight and preterm newborns. Regionally, 73% of countries in

Figure 40. Components included in national policy/guideline on management of low-birth-weight and preterm newborns, globally

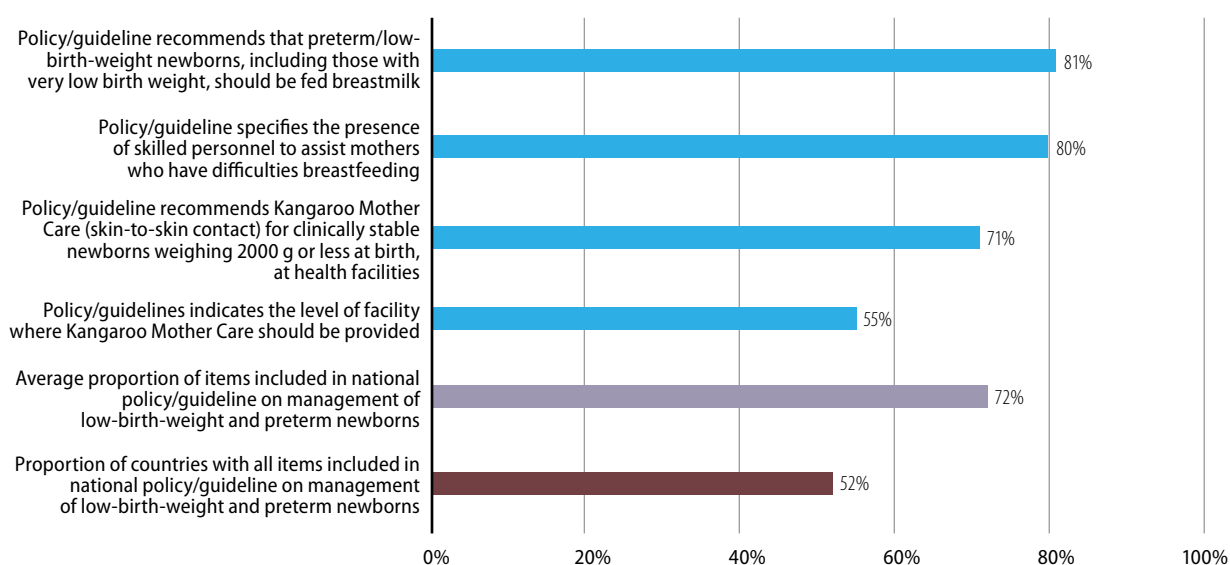
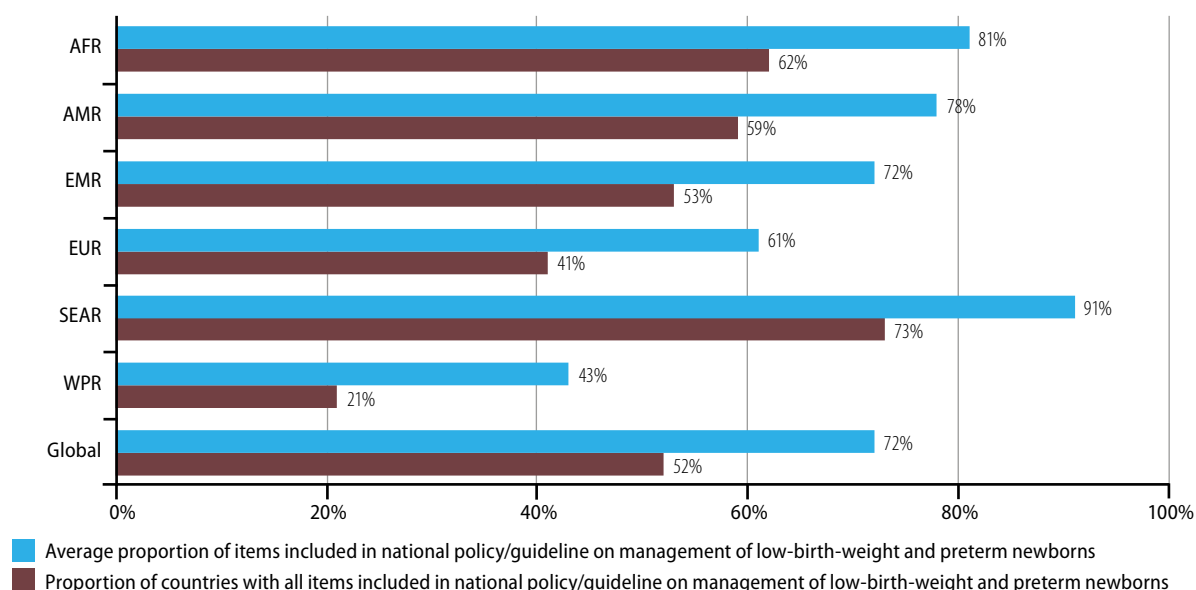


Figure 41. Average proportion of policy components and proportion of countries with all components included in national policy/guideline on management of low-birth-weight and preterm newborns, by WHO region



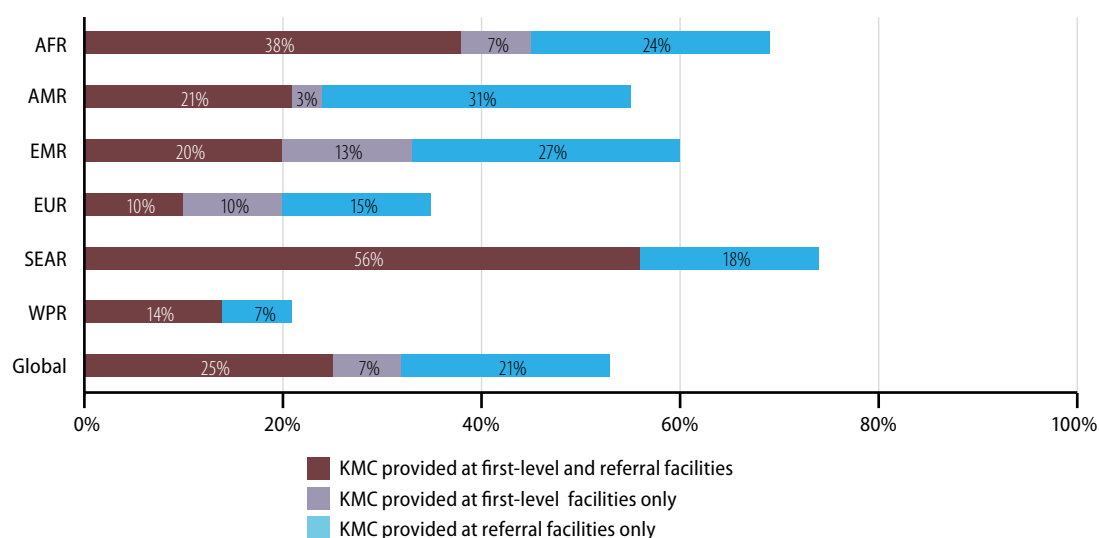
the South-East Asia Region and 62% in the African Region include all four items in their national policy/guideline on the management of low-birth-weight and preterm newborns, compared to only 41% of countries in the European Region and 21% in the Western Pacific Region. In the Eastern Mediterranean Region and the Region of the Americas a moderate proportion of countries include all four components in their national policy/guideline on the management of low-birth-weight and preterm newborns (53% and 59%, respectively). Countries in the South-East Asia Region have the highest average proportion of components included (91%), while countries in the Western Pacific Region have the lowest average proportion of items included (43%) (Table A.2.30, Fig. 41).

To align with WHO recommendations, national policies/guidelines on the management of low-birth-weight and preterm newborns should:

- Recommend that preterm/low-birth-weight newborns, including those with very low birth weight, should be fed breastmilk.
- Specify the presence of skilled personnel to assist mothers who have difficulties breastfeeding.
- Recommend Kangaroo Mother Care for clinically stable newborns weighing 2000 g or less at birth.
- Indicate the level of facility where Kangaroo Mother Care should be provided.

Globally, 25% of all countries specify that Kangaroo Mother Care should be provided at the first level of facility care and in referral centres, 7% of countries specify that it should be provided at the first level of facility care only, and 21% specify it should be provided at referral facilities only. Regionally, countries in the African Region and South-East Asia Region are most likely to specify the provision of Kangaroo Mother Care at both the first level of facility care and in referral facilities (38% and 56% of countries, respectively). Countries in the Eastern Mediterranean Region and the Region of the Americas are more likely to recommend the provision of Kangaroo Mother Care at referral facilities only (27% and 31% of countries, respectively). By World Bank income group, lower-middle-income countries are the most likely to recommend Kangaroo Mother Care provision at both the first level of facility care and in referral facilities (49%), compared to only 8% of high-income countries (Table A.2.31, Fig. 42).

Figure 42. National policy/guideline on low-birth-weight and preterm newborns indicates level of facility where Kangaroo Mother Care should be provided, by WHO region



7.3. Availability of national standard on management of newborn infants with severe illness

Globally, 83% of countries have national standards on the management of newborn infants with severe illness. Seventy-seven per cent of countries have national standards that specify the availability of special newborn care units (SNCUs). A further 77% of countries specify the availability of newborn intensive care units (NICUs).¹ Regionally, 93% of countries in the African Region and 91% in the South-East Asia Region have national standards on the management of newborn infants with severe illness. In comparison, only 57% of countries in the Western Pacific Region have such standards. The specification of the availability of an SNCU varies, with the recommendation commonly available in countries in the European Region (82%), Region of the Americas (83%) and South-East Asia Region (91%). Only 36% of countries in the Western Pacific Region specify the availability of an SNCU. All countries in the South-East Asia Region recommend the availability of an NICU, compared to 82% in the European Region, 67% in the Eastern Mediterranean Region and 50% in the Western Pacific Region (Table A.2.32, Fig. 43).

¹ Babies are admitted to an SNCU when they need extra care from specially trained staff. When babies are more seriously ill or premature and need even closer observation and care they are admitted to an NICU.

National standards on the management of newborn infants with severe illness can also specify the level at which SNCUs are available. Globally, 55% of countries have national standards that specify the availability of SNCUs at referral facilities only, 7% at first-level facilities only, and 9% at both first-level and referral facilities. Countries in the African Region and the Region of the Americas are the most likely to have SNCU availability at both first-level and referral facilities (12% and 14%, respectively). By World Bank income group, it is most common for low-income countries to have SNCU availability at both first-level and referral facilities (19%) (Table A.2.33, Fig. 44).

Similarly, national standards on the management of newborn infants with severe illness can specify the level at which NICUs are available. Globally, 59% of countries have national standards that specify the availability of NICUs at referral facilities only, 4% at first-level facilities only, and 5% at both referral and first-level facilities. Regionally, availability of an NICU at both first-level and referral facilities is most common in countries in the South-East Asia Region (9%) and Western Pacific Region (7%). No countries in the Eastern Mediterranean Region make NICUs available at both levels (Table A.2.33, Fig. 45).

Globally, 55% of countries have a national policy/guideline that recommends the use of routine haemoculture in newborn infants before starting on antibiotics in the case of suspected sepsis. Such a policy is most commonly available in countries in

Figure 43. National standards on management of newborn infants with severe illness specify availability of SNCUs and NICUs, by WHO region

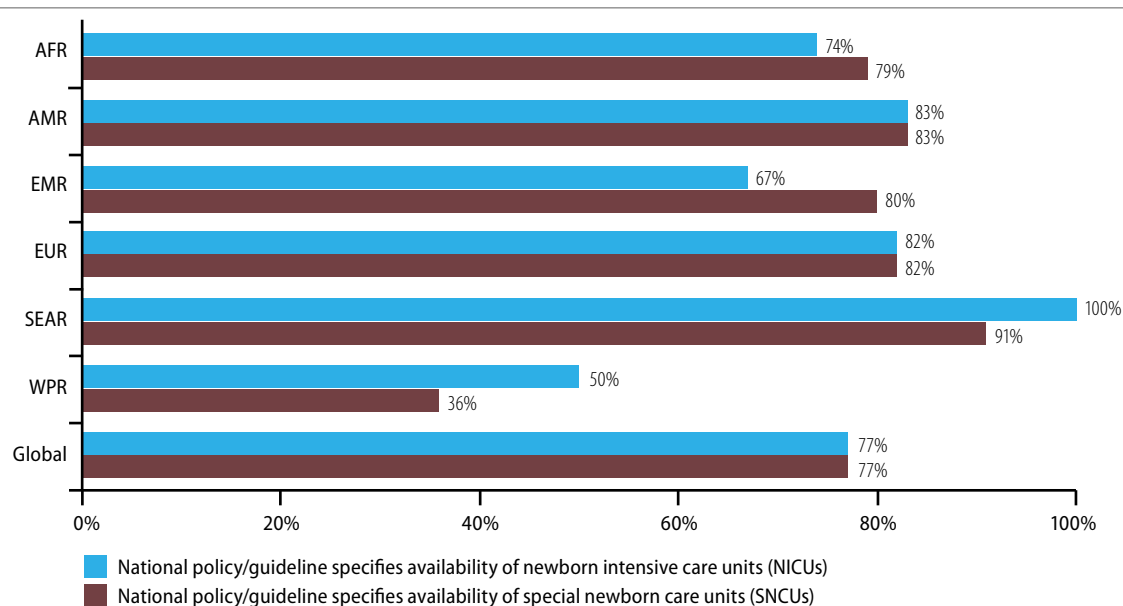
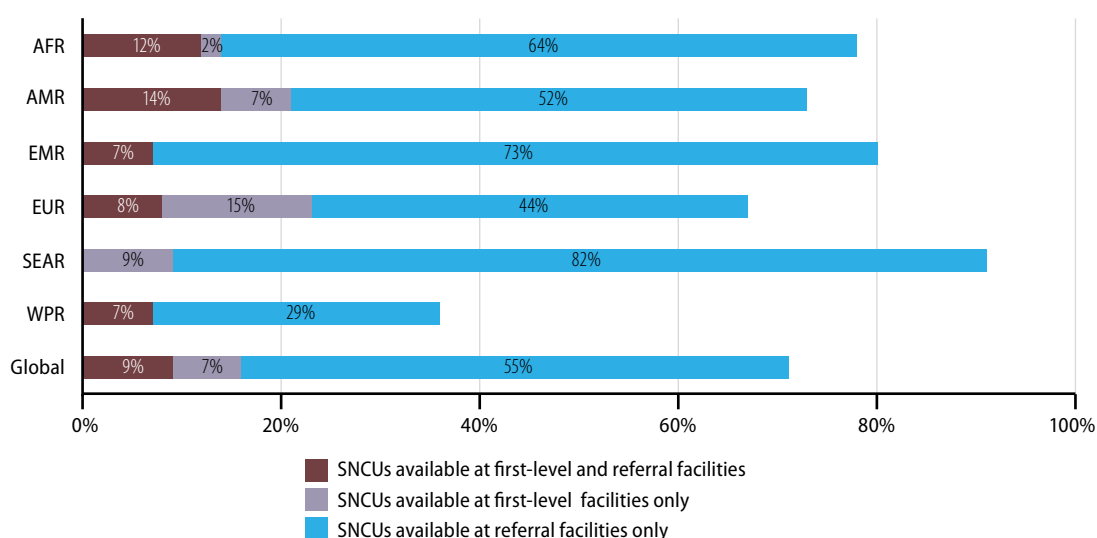


Figure 44. National standards on management of newborn infants with severe illness specify level at which SNCUs are available, by WHO region



the Eastern Mediterranean Region (67%), European Region (67%) and the Region of the Americas (76%). In comparison, countries in the South-East Asia Region and Western Pacific Region are least likely to have this policy in place (55% and 36%, respectively). Globally, 54% of countries have a national policy/guideline for the treatment of sick newborns with possible serious bacterial infection (PSBI) at primary health care facilities when referral is not possible. The availability of such a policy is more frequent in

countries in the South-East Asia Region (64%) and African Region (67%), and less common in countries in the Western Pacific Region (14%) and European Region (54%). By World Bank income group, the availability of national policies/guidelines for the treatment of sick newborns with PSBI at primary health care facilities when referral is not possible is most common in low-income countries (72%) and least frequent in high-income countries (37%) (Table A.2.34, Fig. 46).

Figure 45. National standards on management of newborn infants with severe illness specify level at which NICUs are available, by WHO region

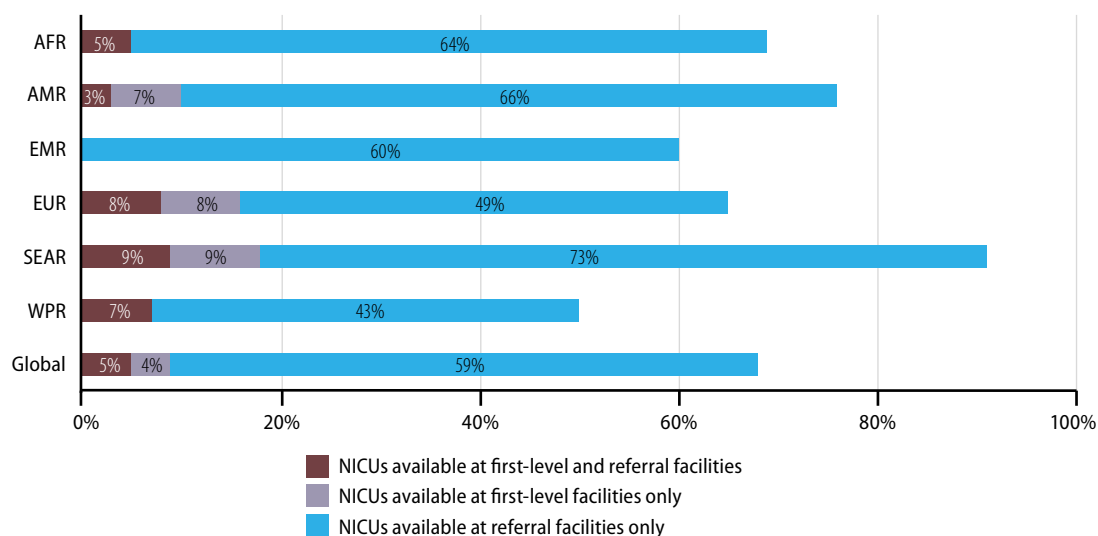


Figure 46. Availability of national policy/guideline that recommends routine haemoculture before starting on antibiotics in case of suspected sepsis, and availability of national policy/guideline for treatment of sick newborns with PSBI at primary health care facilities when referral is not feasible, by WHO region

