



The challenge to identify the global neonatal workforce needed to meet the millennium developmental goals



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Abstract Millennium Development Goal (MDG) # 4 targets a 2/3 reduction of under 5 years of age deaths by 2015 (United Nations, 2013). However, preventable neonatal deaths which constitute nearly half of this under 5 years of age mortality hinder the achievement of MDG. Strategic implementation of programs and initiatives to improve neonatal outcomes relies on effective utilization of neonatal workforce at the regional, national, and global level. The Council of International Neonatal Nurses (COINN), Inc. identified as the only international neonatal nursing organization recognizes the need for an updated data which is not only updated but neonatal specific, in order to identify the gaps in care providers compared to neonatal outcomes.

Neonatal nurse workforce shortages and how it relates to the quality or the availability of care is reported widely, however, in a fragmented manner.

This article will describe the significance of the neonatal workforce to the neonatal health and neonatal nursing by reporting the existing evidence related to the neonatal workforce and the current efforts being made globally.

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Background: global efforts on MDGs

It is a significant global challenge to meet the future needs of the health care workforce

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demands in order to logically deploy competent workforce based on the population and the specific needs (Crisp and Chen, 2014). The Millennium Developmental Goal (MDG) #4 launched by the United Nations (UN) in 2000 is aimed to reduce the “under-five” years of age mortality by two thirds

between 1990 and 2015 (United Nations, 2013). Significant progress has occurred since the launch of MDG, and child mortality rate has decreased from 87 per 1000 live births to 51 per 1000 live births between 1990 and 2011 achieving 41 percent decrease over all (United Nations, 2013; Crisp and Chen, 2014). Although, this translates into 14,000 fewer children dying everyday, many preventable causes are still responsible for 6.9 million children's death in 2011.

However, the neonatal death, which occurs before 4 weeks of age, remains as the most prominent segment of the entire under-5 deaths (United Nations, 2013). This phenomenon is more significant in some regions than others, such as in the case of East Asia with its neonatal death reaching 57 percent of the under-five child death, while overall child death has seen an improvement (United Nations, 2013).

Globally, the proportion of neonatal deaths among all the child deaths under five years of age has increased from 36 to 43 percent from 1990 to 2011 (United Nations, 2013). Intensified efforts are needed to accelerate the rate of decline for neonatal deaths by focusing on potential interventions aiming at the neonatal population today both in low to middle and high resource countries. Action plans aimed at prevention of such cause as prematurity, which is the single most important cause of neonatal death are detailed in "Born Too Soon" report calling for everyone's involvement (World Health Organization, 2012a). Skilled, well-trained neonatal workforce is the essential element in delivering any effective interventions toward this goal.

Global efforts

To support the Global Strategy for Women's Children's Health, "Every Woman Every Child" was launched in 2010 under the leadership of the UN Secretary General to provide the framework to build the efforts with a goal to save 16 million lives of women and children by 2015 (Every Woman Every Child, 2012). Since its launch, "Every Woman Every Child" has received strong global commitment from governments, various institutions, parent organizations, corporate partners and professional and special interest organizations such as Council of International Neonatal Nurses (COINN).

In the "Born Too Soon" report published in support of "Every Woman Every Child" effort, many partners clearly articulated commitments, including Council of International Neonatal Nurses

(COINN), supporting the action plans addressed in the report and to raise awareness of danger of prematurity (World Health Organization, 2012a). The "Born Too Soon" report is the first ever report to quantify the magnitude of the prematurity as a global health issue and it emphasizes the current problem of rising premature birth rates worldwide and emphasizes the need to scale up the global efforts toward prevention of premature births. Currently, premature birth occurs more than 1 in every 10 births worldwide and it is the leading cause of neonatal deaths, and it is known now that prematurity is the second cause of death, while pneumonia as the leading cause, for all the children under five (World Health Organization, 2012a).

Neonatal outcomes related to prematurely born infants vary dramatically from region to region; for example, mortality and morbidity are 12 times as high in Africa than in Europe, and 90 percent of premature infants survive in the resource rich environment, while, only 10 percent, in resource low areas (World Health Organization, 2012a). The urgency of the need to act for planning and investing in programs and resources that are strategically distributed to targeted prevention of prematurity is evident. Without giving an attention to this vulnerable population of premature infants and also to the care to prevent prematurity by raising awareness and making actions, the global goal to reduce the child death under five would not become a reality.

Action needed by neonatal nursing community

"Born too Soon Report" charges the global neonatal workforce by "Everyone has a role to play" in changing the current statistics of negative outcomes related to the prematurity (World Health Organization, 2012a). Neonatal Nurses are in position to partner with the global forces to reduce mortality and morbidity related to prematurity; however, no systematically collected, global neonatal workforce data exist today to describe neonatal specific manpower. The lack of data translates to invisibility of the neonatal nurses on the global front.

The visible force, the community health workers

The paucity of global evidence related to the existing global neonatal workforce lies in stark

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