

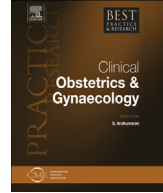


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Impact of training on emergency resuscitation skills: Impact on Millennium Development Goals (MDGs) 4 and 5



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Although significant progress has been made towards Millennium Development Goal (MDG) 4 and 5 targets, maternal and neonatal mortality rates remain unacceptably high in low- and middle-income countries (LMICs). The potential for improvements in maternal and neonatal health outcomes with increased facility utilization in these countries is undermined by a lack of appropriate and timely treatment. Skilful emergency resuscitation can be the difference between life and death; therefore, training in emergency resuscitation is essential for health-care practitioners at all levels, with regular refresher sessions to ensure skill retention. Whilst there is little robust evidence on the impact of resuscitation training interventions on practitioner skills or patient outcomes, such training interventions are likely to have the greatest impact if integrated into a broader approach to improve the quality of care. Accelerated investments in training must go hand in hand with ensuring the availability of quality equipment and upgrading infrastructure to reduce the gap between current MDG status and what is achieved by the end of 2015; and to accelerate reductions in mortality rates beyond 2015 towards new *Countdown* targets.

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Introduction

The Millennium Summit in 2000 resulted in a series of time-bound targets (the Millennium Development Goals – MDGs) agreed upon by 189 countries and leading development institutions to combat poverty and underdevelopment on a global scale [1]. The date for achieving targets was set for the end of 2015. Reducing child mortality (MDG 4) and improving maternal health (MDG 5) are crucial elements of the MDG strategy. MDG 4 aims to reduce the under-five mortality rate by two-thirds by 2015, from a baseline in 1990 of 12.6 million under-five deaths annually. MDG 5 consists of two components: reducing the global maternal mortality ratio (MMR) by three-quarters from the 1990 reference point (MDG 5a), and achieving universal access to reproductive health services (MDG 5b) [1]. Progress towards these targets in 75 countries, which account for >95% of the global burden of maternal, newborn and child deaths, is tracked, stimulated and supported by *Countdown to 2015*, a global, multidisciplinary, multi-institutional collaboration of academics, governments, international agencies and non-governmental organizations (www.countdown2015mnch.org).

Status of MDG 4

Compared with the 1990 starting point, real progress towards achieving MDG 4 and 5 has been made. The global under-five mortality rate declined by approximately 47% to 6.6 million in 2012 and the median annual rate of under-five mortality reduction has increased from 1.9% to 3.8% [2]. However, fewer than half of the 75 *Countdown* countries are likely to succeed in reducing their under-five child mortality by two-thirds by 2015 [2]. Furthermore, the slowest progress in mortality reduction has occurred in neonates, with an increasing proportion of under-five deaths occurring in the first 4 weeks of life [3,4]. The median percentage of newborn deaths in the 75 *Countdown* countries is 39% (range 26–64%) with newborns accounting for more than half of all under-five deaths in 15 *Countdown* countries [5]. In addition, whilst the global neonatal mortality rate (NMR) has declined from 33 to 21 deaths per 1000 live births, substantial regional variation exists [3]. In 2012, 25 *Countdown* countries had NMRs ≥ 30 deaths per 1000 live births, accounting for about 60% of the 2.9 million neonatal deaths annually (Nigeria and India accounting for 36% combined) [6]. Nine countries, including eight in sub-Saharan Africa, had NMRs ≥ 40 [6]. Neonatal deaths in these high-NMR countries occur in the context of high adolescent fertility rates, low literacy rates and a median overall coverage of skilled birth attendance of 55% [6]. More than a third of all neonatal deaths (one million deaths annually) occur within 24 h of birth, and intrapartum complications (previously called birth asphyxia) are the cause for 23% of all deaths occurring within 4 weeks of life [6].

The tracking of progress in meeting the MDGs does not include stillbirths. In 2009, an estimated 2.64 million stillbirths occurred in the last trimester of pregnancy, with >45% in the intrapartum period [7,8]. The majority of these stillbirths (98%) occur in low- and middle-income countries (LMICs) [9].

Status of MDG 5

Since 1990, there has been a reduction in the global MMR from about 400 to 210 maternal deaths per 100,000 live births in 2013 [9,10]. This represents significant progress; however, much work remains to be done as this reduction (45%) falls significantly short of the 2015 MDG 5 target of 75%. As with NMRs, there is substantial variation in MMRs among the 75 *Countdown* countries: according to 2013 figures, half of the *Countdown* countries still have high MMRs (300–499 deaths per 100,000 live births) and 16 countries have very high MMRs between 500 and 1100 deaths per 100,000 live births [2].

Global efforts have been focused on increasing facility utilization of women for childbirth in these less developed countries. These efforts have been rewarded with trends towards higher rates of deliveries attended by skilled birth attendants from 56% overall in 1990 to 68% in 2012 [10]. However, maternal death rates remain high in facilities; for example, unpublished data from a cross-sectional study conducted in Nigerian hospitals in 2012/2013 suggest an intra-facility maternal death rate of 1% of live births [11]. Similarly, another study reviewed facility-based maternal deaths and near misses in 10 Ethiopian hospitals and reported an overall maternal death rate of 728 per 100,000 live births, and a near-miss rate of 9% [12]. In these studies, delay in receiving care was identified as a significant

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