



Neonatal mortality rate: Is further improvement possible in low and middle income countries?

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Abstract

The infant and under-five mortality is decreasing at a faster pace than neonatal mortality in almost all countries, including middle and low income countries like Turkey so neonatal mortality emerges as an important component of overall under-five mortality and should receive additional attention. As known, the first 28 days of life – the neonatal period – is the most vulnerable time for a child's survival. Neonatal mortality rate is the ratio of the number of deaths in the first 28 days of life to the number of live births occurring in the same population during the same period of time. The global neonatal mortality of 28/1,000 live births is unacceptably high. The results show that every year over 4 million babies die in the first four weeks of life; 3 million of these deaths occur in the early neonatal period. Moreover, it is estimated that more than 3.3 million babies are stillborn every year; one in three of these deaths occurs during delivery and could largely be prevented. Ninety-eight per cent of the deaths take place in the developing world. As seen from the figures, the huge difference in mortality between high- and low-income countries and regions is presently one of the most burning human rights issues. The risk of death in the neonatal period is six times greater than in developed countries; in the least developed countries it is over eight times higher. The major causes of neonatal death are birth asphyxia, neonatal infection, low birth weight/prematurity, birth trauma and congenital malformations. In this presentation I will discuss the achievements in the area of neonatal and maternal health with the trends in neonatal and perinatal mortality rates in the world and Turkey last 20 years, the major causes and lessons learned from the successful countries, which reduced their neonatal mortality rates significantly last 20 years. During my discussions, I will focus on ten simple recommendations that are given to reduce neonatal mortality. As we all know very well, it is possible to reduce newborn mortality in all countries and regions. Most important to achieve these goals is, however, political will.

Biography

Seval Akgün is a medical doctor, professor of Public Health in Baskent University School of Medicine with more than 30 plus years of strong experience in data management, statistical analyses, quality and accreditation in healthcare, patient safety and epidemiological studies including the assessment of burden of diseases and health and nutritional status indices and migrant health. She is also a quality expert and serving Baskent University as their Chief Quality Officer for the 10 hospitals, 16 hemodialysis centers that belong to the University since 1997. During the past 15 plus years, Akgün has been serving as a consultant in health sector reform projects, system assessments, quality in healthcare, accreditation, gap analyses, performance measurements and refugee health. The variety of research topics she has addressed with the collaboration of several international technical supports demonstrates the wide scope of her interests in public and migrant health and her commitment to a comprehensive and holistic approach to health issue.



Publication

1. Factors associated with the quality of outpatient service: The application of factor analysis – A case study
2. Failure mode and effects analysis, methodology and Implementation in health care
3. Application of 5S approach to healthcare quality
4. Sentinel Events in Healthcare

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