

Educating Indigenous Midwives and Birth Attendants

Club of Madison West Towne-Middleton



Global Grant GG1876079

#### Nancy H. Comello

DNP, CNM, RN Unity Point Health-Meriter Hospital & UW Health Founder, Supporting Safe Birth

- Why Guatemala?
- Statistics overview
- The midwives: Las comadronas
- Previous experiences
- Helping Mothers & Babies Survive
- Questions





- Population of Guatemala: >15 million; half are under age 22
- More than half of the population is indigenous & live on less than \$2 USD per day
- Every day, 2 women die in Guatemala giving birth Most of these deaths are preventable.



## The Midwives: Las Comadronas



- 24 indigenous languages -24,000 comadronas
- Trusted members of Mayan communities
- Limited education
- Training lacks cultural sensitivity
- Poverty & health disparities
- Government discrimination
- Lack of Ministry of Health resources & support
- Gender-based violence (UNICEF, 2015)





## Lack of Pregnancy & Birth Health Care Options





Comello, N. 2008. Chiquimulilla Clinical de Salud, Guatemala; Comello, N. 2009. Roosevelt Hospital, Guatemala City, Guatemala

Current Government Training for Comadronas



Sistema Integral de Atención en Salud (SIAS) (Ministry of Health)

- Required training (lecture) occurs monthly lasting ~ 4 hours
- Basic hygienic practices for birth
- Encourage referral to health center for pregnancy care and vaccinations
- Training to recognize and refer high risk women & emergency cases to the nearest hospital
- Receive rudimentary birth kit



Midwives are not respected by government & medical systems

Often blamed for high infant & maternal mortality rates

### **Other factors:**

- 1) Poor maternal nutrition
- 2) Lack of access to clean water/sewage handling
- 3) Too many pregnancies, too closely spaced
- 4) Lack of education
- 5) Overall high levels of poverty





## Infant & Neonatal Mortality

- High maternal, infant, and neonatal mortality rates
- **Millennium Development Goals Four and Five performance** (UN, 2015)
- New Sustainable Development Goals (SDGs) Three & Five
  - Infant mortality (< 1 year): 27/1000 live births (UNICEF, 2015)
    - USA: 6/1000; Sweden: 3/1000
    - More than half of infant deaths occur in the neonatal period
  - Neonatal mortality (< 6 weeks): 15/1000 live births
    - USA: 4/1000; Sweden: 2/1000
    - <sup>3</sup>/<sub>4</sub> of neonatal deaths occur during the 1<sup>st</sup> week of life
    - Almost 75% occur in the 1<sup>st</sup> 24 hours







## **Primary Causes of Death for Infants**

- 1) Lack of appropriate newborn resuscitation
- 2) Congenital malformations
- 3) Diarrhea & other gastrointestinal problems







Chomat et al., 2014; Garcia et al., 2012; Radoff, Thompson, Bly, & Romero, 2013; Ishida et al., 2012; Saab, 2012 Klemp, K. 2009. Roosevelt Hospital, Guatemala City, Guatemala



### One of highest rates in Latin America

### • 113/100,000 live births [21 in U.S., 4 in Sweden]

### 163/100,000 for indigenous vs 77/100,000 for non-indigenous



Avila, et al., 2015; Chary, et al., 2013; Jhpiego, 2015; UNICEF, 2015; http://www.sil.org/lglearning/artwork/guatemala/pix\_index.asp?cat=Profesiones&lang=spn&letter=

## **Primary Causes of Death for Mothers**

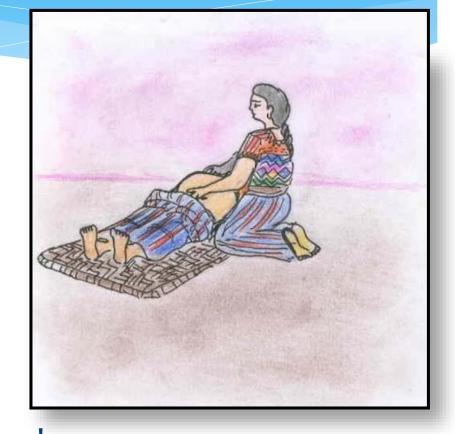
**41%** 

25%

14%

- Postpartum hemorrhage
  Eclampsia
- 3) Postpartum sepsis (infection)

These deaths are preventable Need improved access to high-quality obstetrical care





Avila, et al., 2015; UNICEP, 2015

## **Prior Experiences in Guatemala**







Klemp, K. 2010. San Antonio, Guatemala

## Lessons Learned Along the Way....





Comello, N. 2009. San Juan Tecuaco, Guatemala

# Hilda's story







Klemp, K. 2010. San Antonio, Guatemala

Innovative programs for lowresource countries



#### Helping Mothers Survive (HMS) & Helping Babies Survive (HBS)

- WHO, USAID, JHIEPGO, UNICEF, American Academy of Pediatrics collaboration (AAP, n.d.; Evans et al., 2014; Niermeyer, 2015)
- Improved knowledge and confidence (Evans et.al, 2014; Jhpiego, 2015)
- Low-dose, high-frequency simulated practice (Evans et al., 2014; Niermeyer, 2015).







# **Helping Mothers & Babies Survive**

GOALS: To equip frontline health workers with knowledge & skills they need to prevent mothers & babies from dying on the day of birth & during the first postpartum weeks

### **Helping Mothers Survive**

- Bleeding after birth
- Pre-eclampsia/Eclampsia
- Threatened Preterm Birth
- Essential Care for Labor & Birth
- Essential Care for Complicated Labor & Birth

## Helping Babies Survive

- Helping Babies Breathe
- Essential Care for Every Baby
- Essential Care for Small Babies



## Helping Mothers & Babies Survive

#### **Clinical simulations with mannequins**

Helping Mothers Survive: Mama Natalie

#### Helping Babies Breathe: Neo Natalie & Preemie Natalie

http://www.laerdal.com/neonatalie Laerdal Global Health <u>http://www.laerdal.com/us/mamaNatalie;</u> (www.helpingmotherssurvive.org )



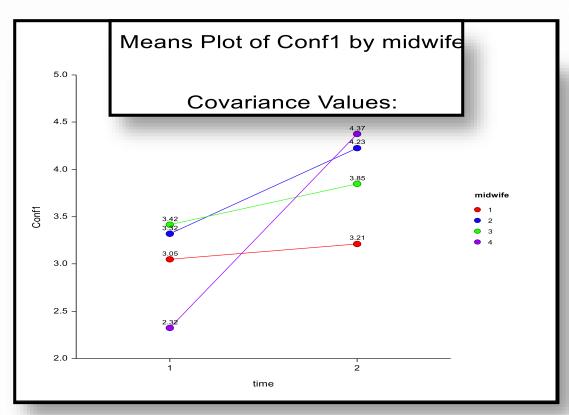




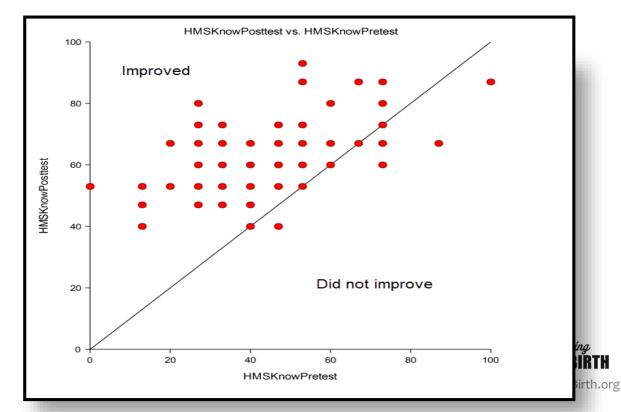
## August 2016 Project Results Helping Mothers Survive-Bleeding after Birth

#### Pre-and Post-Tests-89 participants

**Confidence Results** 

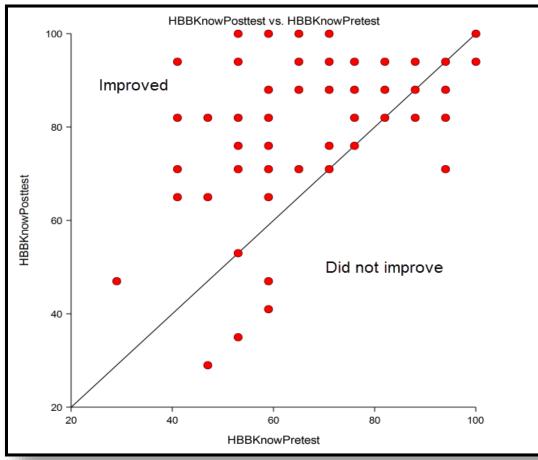


#### **Knowledge Results**



# August 2016 Project Results: Helping Babies Breathe

#### Pre-and Post-Tests, 89 participants, August 2016





## August 2016 Project Results: Helping Mothers Survive & Helping Babies Breathe

Results: Objective Structured Clinical Examinations (OSCE)

OSCE Post -Test Score Percentage	Count	%
HMS OCSE 1 3 <sup>rd</sup> Stage Management	92	100.00%
OSCE 2 Retained Placenta Management	92	98.92%
OSCE 3 Severe postpartum hemorrhage	91	97.85%
HBB OSCE 1 Bag & Mask Ventilation	92	100.00%
OSCE 2 Newborn resuscitation-First steps	91	100.00%
OSCE 3 Newborn resuscitation scenario	80	97.86%

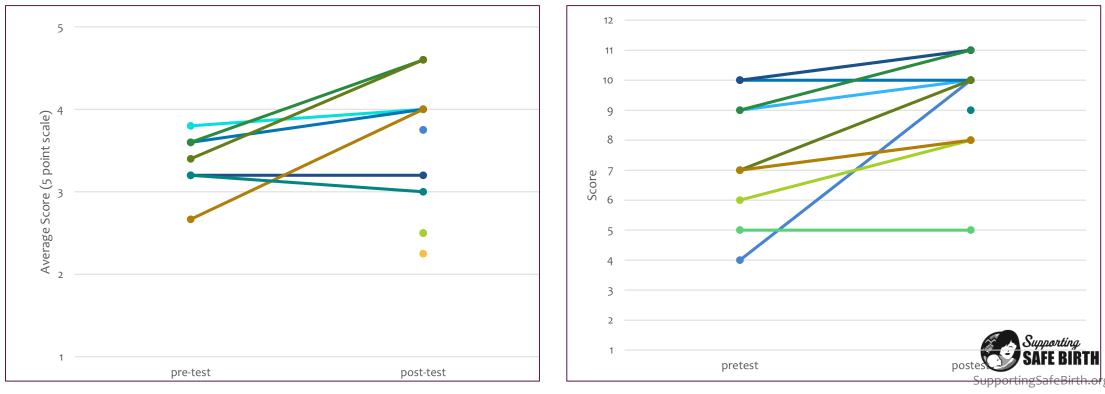


# February 2018 Project Results-Chiquimulilla Helping Mothers Survive-Bleeding after Birth

#### **Pre-and Post-Tests**

#### **Confidence Results**

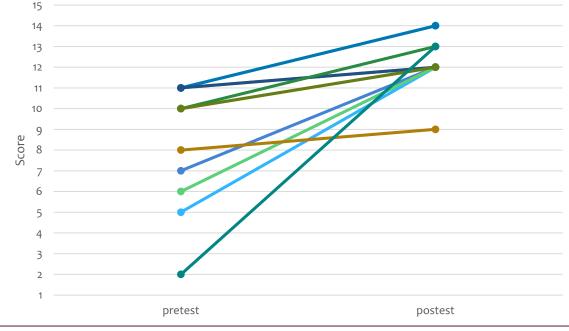




# February 2018 Project Results: Chiquimulilla Helping Babies Breathe

#### Pre-and Post-Tests

Chiquimullia HBB Knowledge - February 2018





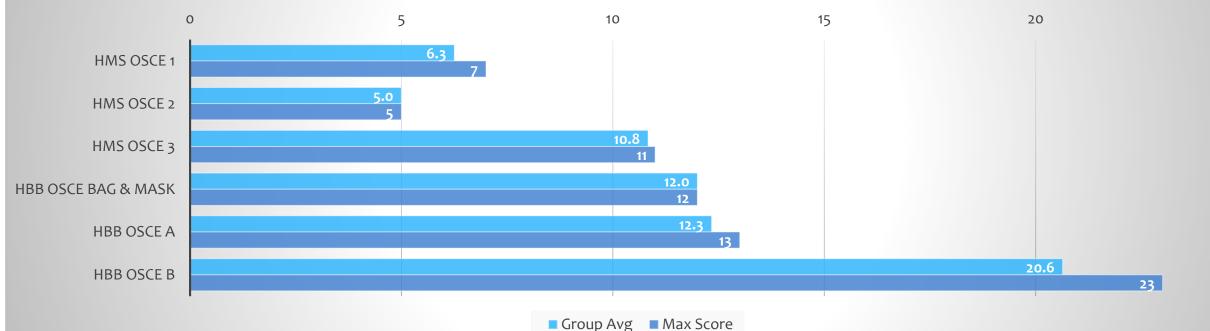


# February 2018 Project Results: Chiquimulilla Helping Mothers Survive & Helping Babies Breathe

#### **Skills Competency Scores**

Skill Competency Group Average Compared to Maximum Score Possible

25



**Comments from the Midwives** (Chiquimulilla February **2018**) Question 1: What is the best part of course?

- "Learned new things for midwives"
- "We practiced as if it were real with the use of the mannequins. I think I feel ready in an emergency"
- "Everything was very beautiful and everything was personalized"
- "To give life to babies and mothers"
- "For me, it was all good"
- "I learned more to help our communities and improve our work"
- "The part of helping babies breathe with the mask"
- "I learned many practical tips to help mothers and babies, how to help mothers in their delivery and the babies to breathe"
- "Everything, with a lot of practice"



Comments from the Midwives (Chiquimulilla February 2018) Question 2: How can the course improve?

"I just thank God for allowing them to be with us again. God bless your work and your lives to be with us"

"And thank you for your patience"

"For me it was very good and we hope that they will return"

- "I like a lot; I feel good"
- "Just thank you for the course"

"Thank you for your patience and that everything was very beautiful and may God bless you"

"Thank you for your patience"



## **Overall Results**



### Strengths

- Positive feedback
- Cultural acceptability
- Hands-on training
- Sustainability potential
- Master trainers- "Train the Trainer"

## Challenges

- Mannequins/materials
- New skills review
- Literacy and educational levels
- Cultural barriers
- Need for interpreters



## Hilda's TV Interview February, 2018



- Happy with the hands-on training,
- Practice with emergencies &
- Receiving the:
  - Ambu bag
  - Suction device
  - Infant stethoscope



## Conclusions

First combined implementations of HMS & HBB in

August, 2016, February & October, 2018

- Significant improvement in confidence & knowledge
- Culturally sensitive
- Hands-on training
- Sustainability: Expansion, follow-up & mentoring



SupportingSafeBirth.org



# Project Expansion Rotary District 6250 Grant received July 2018

#### Mannequins & teaching materials to train the trainers in Wisconsin, USA

- 6 Mama Natalie
- 6 Neo Natalie
- 6 Premie Natalie
- 6 Mama breast



#### Large flip charts & booklets to teach each program

- HMS Bleeding After BirthHBSHMS Pre-eclampsia/EclampsiaHBSHMS Threatened Preterm BirthHBS
  - HBS Helping Babies Breathe
  - HBS Essential Care for Every Baby
  - HBS Essential Care for Small Babies





### Madison West Towne-Middleton Madison, Wisconsin

Las Americas Rotary Club Guatemala City, Guatemala





## Supporting Safe Birth Rotary Global Grant Application

# **I. Helping Mothers Survive** project expansion (3 years) to other areas and participants including:

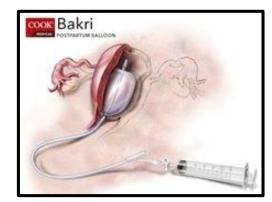
#### 1) Bleeding after Birth

- For midwives
- For health professionals in clinics/hospitals
  - Treatment of shock, use of non-pneumatic anti-shock garment (NASG), Bakri Balloon

#### 2) Pre-eclampsia/Eclampsia

- For midwives: Action plan to assess & recognize hypertension
- For health professionals: Advanced care for severe preeclampsia & eclampsia
- 3) Threatened Preterm Birth care for health professionals
- 4) Normal Labor & Birth for midwives & health professionals
- 5) Complicated Labor & Birth for midwives & health professionals







## Supporting Safe Birth Rotary Global Grant Application

# II. Helping Babies Survive project expansion (3 years) to other areas and participants including:

- 1) Helping Babies Breathe For midwives & health professionals
- 2) Essential Care for Every Baby For midwives & health professionals
- 3) Essential Care for Small Babies For health professionals





https://www.google.com/search?q=essential+care+for+every+baby&source=lnms&tbm=isch&sa=X&ved=oahUKEwigpdG

ZxtbcAhXr6oMKHWx6DXwQ AUICigB&biw=1336&bih=643#imgrc=desoDBseknnJgM



Supplies Needed for each Midwife & Master Trainer

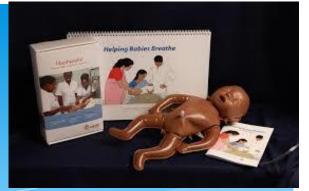


- String bag with neonatal Ambu bag/masks, suction device, blood pressure cuff (Microlife cradle), fleece baby hats, adult & infant stethoscope, fetoscope/doppler, gloves, soap, baby front packs
- Each pair of Master Trainers need:
  - Mama Natalie & Neo Natalie mannequins
  - Flip charts, wall posters, & provider guides for each program
  - 8 x 10 flip chart for individual teaching; flashdrive with documents
  - See other supplies: blankets, fleece hats, stethoscopes, gloves, artificial blood, buckets, basins, cord ties, basin/soap, baby front packs





## Supplies Needed for EACH Training



#### **HMS trainings**

#### HMS Bleeding after birth

Mama Natalie & Neo Natalie mannequins, flip charts, wall posters, & provider guides, non-pneumatic anti-shock garment, Bakri Balloons, artificial blood, buckets, basins, cord ties, gauze, underdrape, clean razor blade/scissors, baby front packs

#### Pre-eclampsia/Eclampsia

Mama Natalie mannequins, flip charts, wall posters, & provider guides, artificial meds, IV, syringes, BP cuffs, stethoscopes, fetoscopes/doppler, reflex hammers, foley catheters/syringes/urine collection bags, gloves

#### Threatened Preterm Birth Care for health professionals

Mama Natalie mannequins, flip charts, wall posters, & provider guides, pregnancy wheels, BP cuffs, stethoscopes, thermometers, fetoscope/dopplers, measuring tapes, towels, baby hats, blankets, scissors, cord ties, artificial meds, neonatal ambu bag/mask, infant stethoscopes

#### Normal Labor & Birth & Complicated Labor & Birth for midwives & health professionals

Mama Natalie & Neo Natalie mannequins, flip charts, wall posters, & provider guides cord ties, blankets, hats, gloves, infant stethoscopes, thermometers, fetoscope/dopplers, blood pressure cuffs/stethoscopes, neonatal ambu bag/mask, suction devices, infant stethoscopes, underdrape, clean razor blade/scissors, baby front packs

#### **HBS** Trainings

#### Helping Babies Breathe for midwives & health professionals

Neo Natalie mannequins, baby blankets, fleece hats, flip charts, wall posters, & provider guides, blankets, infant stethoscopes, cord ties, syringes, artificial meds, gloves, gauze, timers,

#### **Essential Care for Every Baby for midwives & health professionals**

Neo Natalie mannequins, baby blankets, fleece hats, flip charts, wall posters, & provider guides, blankets, infant stethoscopes, cord ties, syringes, artificial meds, gloves, alcohol wipes, box for scale, digital thermometers, laminated Jobaids

#### **Essential Care for Small Babies for health professionals**

Premie Natalie mannequins, baby blankets, small fleece hats, flip charts, wall posters, & provider guides, blankets, infant stethoscopes, cord ties, syringes, artificial meds, gloves, box for scale, digital thermometers, baby front packs, laminated Jobaids, Nifty cups, nasogastric tubes, syringes





- \* HMS-Bleeding after Birth & HBS-Helping Babies Breathe
- HMS-Preeclampsia-Eclampsia & HMS Essential Labor & Birth
- Training 46 midwives and 16 Future Master Trainers

- New midwife trainees receive Midwife Supply Bags
- Each pair of Master Trainers receive training equipment to teach others

2<sup>nd</sup> Trip: July 3-8 (Mentoring)

2 trainers mentor Master Trainers in Chiquimulilla

- HMS-Bleeding after Birth & HBS-Helping Babies Breathe
- 6 Master Trainers teach a new class of 12 midwives



## Pledges (as of 3/12/19)

#### Total Project Funding = \$83, 129.

#### Future pledges: Oct/Nov 2019 VTT & 2020

- \* Funding: Club Rotário Guatemala del Este \$5000.
- \* Rotary International match
- \* Funding: home club (MWTM)
- \* District 6250 match
- \* Rotary International match
- Funding: Madison Downtown Rotary
- \* District 6250 match
- \* Rotary International match
- Funding: Waunakee Rotary
- District 6250 match
- Rotary International match
- Funding: Madison East-Monona
- District 6250 match
- Rotary International match

\$2500.	(7500.)	*	Funding: Marshfield Sunrise Rotary	\$500	
		*	District 6250 match	\$500.	
\$5000.		*	Rotary International match	\$750.	(1750.)
\$5000.					
\$7500.	(17,500.)	*	Funding: Ft. Atkinson Rotary	\$1000	
		*	District 6250 match	\$1000.	
\$250.		*	Rotary International match	\$1500.	(3500.)
\$250.					
\$375.	(875.)	*	Funding Milwaukee Rotary	\$5000	
		*	Rotary International match	\$1500.	(6500.)
\$1500.				-	
\$1500.		*	Donations from SSB to MWTM Rotary	\$1150.	
\$2250.	(5250)	*	District 6250 match	\$1150.	
-		*	Rotary International match	\$1725.	(4025)
\$500.					
\$500.					
					Supporting

(1750.)

\$750.



#### Future 2019 Global Grant Vocational Training Team One 14-day training

3<sup>rd</sup> trip: October 26-November 9 6 team members Guatemala City Midwives Post-Graduation

- HMS-Preeclampsia-Eclampsia & HMS Essential Labor & Birth
- Training 24 midwives and 10 Future Master Trainers in their villages throughout Guatemala
- Additional tentative budget:
  - VTT trip expenses:
  - Training expenses:
  - Midwife bags & Master Trainer Supplies:

- New midwife trainees receive midwife supply Bags
- Each pair of Master Trainers receive training equipment to teach others



~\$52,517.

\$21, 492.

\$ 8420.

<u>\$22,605.</u>

### Vision



To build birth attendants' capacity for providing evidence-based care to vulnerable women and babies, and to establish effective partnerships to increase the scope and coverage of these programs in Guatemala.

https://youtu.be/VWs\_kpQnoWE

Contact us: www.SupportingSafeBirth.org P.O. Box 628312 Middleton, WI 53562 USA 608 729-5790 safebirthguatemala@gmail.com









- \* American Academy of Pediatrics. (n.d.). Helping babies breathe: The golden minute. Retrieved from http://www.helpingbabiesbreathe.org/
- Adams, W. & Hawkins, J. (2007) Eds. Health Care in Maya Guatemala: Confronting Medical Pluralism in a Developing Country. Norman: University of Oklahoma Press.
- Avila, C., Bright, R., Gutierrez, J., Hoadley, K., Manual, C... Rodriguez, M.P. (2015). Guatemala Health System Assessment, August 2015. Bethesda:
  MD: Health Finance & Governance Project, ABT Associates Inc.
- Bang, A., Bellad, R., Gisore, P., Hibberd, P., Patel, A., Goudar, S.,... Wright, L.L.(2014). Implementation and evaluation of Helping Babies Breathe curriculum in three resource limited settings: Does Helping Babies Breathe save lives? A study protocol. *BioMedical Central Pregnancy and Childbirth*, 14(116). http://dx.doi.org/10/1186/1471-2393-14-116
- Chary, A., Kraemer Diaz, A., Henderson, B., & Rohloff, P. (2013). The changing role of indigenous lay midwives in Guatemala: New frameworks for analysis. *Midwifery*, 29, 852-858.
- Chomat, A. M., Solomons, N. W., Montenegro, G., Crowley, C., & Bermudez, O. I. (2014). Maternal health and health-seeking behaviors among indigenous Mam mothers from Quetzaltenango, Guatemala. Pan American Journal of Public Health, 35(2), 113-120.
- Cominsky, S. (2012). Birth and blame: Guatemalan midwives and reproductive risk. In L. Fordyce, Risk, Reproduction, and Narratives of Experience (pp. 81-101). Nashville, TN: Vanderbilt University Press.
- \* Cooper, C. M., & Yarbrough, S. P. (2010). Tell me-show me: Using combined focus group and photovoice methods to gain understanding of health issues in rural Guatemala. *Qualitative Health Research*, 20(5), 644-653.
- Dhaded, S. M., Somannavar, M. S., Verneker, S. S., Goudar, S. S., Mwenche, M., Derman, R., ... Carlo, W. A. (2015). Neonatal mortality and coverage of essential newborn interventions 2010-2013: A prospective, population-based study from low-middle income countries. *Reproductive Health*, 12(Suppl 2), 1-8. Retrieved from <a href="http://www.reproductive-health-journal.com/content/pdf/1742-4755-12-S2-S6.pdf">http://www.reproductive-health-journal.com/content/pdf/1742-4755-12-S2-S6.pdf</a>
- Evans, C. L., Johnson, P., Bazant, E., Bhatnagar, N., Zgambo, J., & Khamis, A. R. (2014). Competency-based training "Helping Mothers Survive: Bleeding after Birth" for providers from central and remote facilities in three countries. International Journal of Gynecology and Observation SAFE BIRTH 286-290.

## References

- \* Fawole, B., Awolude, O. A., Adeniji, A. O., & Onafowokan, O. (2010). WHO recommendations for the prevention of postpartum haemorrhage: RHL guideline. Retrieved January 24, 2016, from http://apps.who.int/rhl/archives/guideline\_pphprevention\_fawoleb/en/
- Garcia, K., Morrison, B., & Savrin, C. (2012). Teaching Guatemala midwives about postpartum hemorrhage. *Maternal Child Nursing*, 37(1), 42-47.
- \* Hallowell, E. (2014). "Between the wall and the sword": Reproductive governance and the technology of emergency in Guatemalan maternity care. Feminist Formations, 26(3), 100-121.
- \* Hoban, R., Bucher, S., Neuman, I., Chen, M., Tesfaye, N., & Spector, J. (2013). 'Helping babies breathe' training in sub-Saharan Africa: Educational impact and learner impressions. Journal of Tropical Pediatrics, 59(3), 180-186.
- \* Ishida, K., Stupp, P., Turcios-Ruiz, R., William, D. B., & Espinoza, E. (2012). Ethnic inequality in Guatemalan women's use of modern reproductive health care. International perspectives on sexual and reproductive health, 38(2), 99-108.
- \* Jhpiego. (2015). Innovative training to help frontline health workers save lives. Retrieved from www.helpingmotherssurvive.org
- \* Kestler, E. (2014, January 23). *Maternal mortality in Central America: The need to accelerate efforts by 2035* [Blog comment]. Retrieved from http://www.mhtf.org/2014/01/23/maternal-mortality-in-central-america-the-need-to-accelerate-efforts-by-2035/
- \* Lawson, G.W., & Keirse, M.J.(2013). Reflections on the maternal mortality millennium goal. Birth, 40(2) 96-102.
- \* Pan American Health Organization (2017). Health in the Americas: Country report-Guatemala. Retrieved from <a href="https://www.paho.org/salud-en-las-americas-2017/?page\_id=127">https://www.paho.org/salud-en-las-americas-2017/?page\_id=127</a>.
- \* Maupin, J. N. (2011). Divergent models of community health workers in highland Guatemala. Human Organization, 70(), 44-53.
- \* Nelissen, E., Ersdal, H., Ostergaard, D., Mduma, E., Broerse, J., Evjen-Olsen, B., ... Stekelenburg, J. (2014). Helping mothers survive bleeding after birth: An evaluation of simulation-based training in a low-resource setting. Acta Obstetricia et Gynecologica Scandinavica, 93, 287-295.
- \* Niermeyer, S. (2015). From the Neonatal Resuscitation Program to Helping Babies Breathe: Global impact of educational programs in neonatal resuscitation. Seminars in Fetal & Neonatal Medicine, 1-9.
- Olson, K. R., Caldwell, A., Sihombing, M., Guarino, A. J., Nelson, B. D., & Petersen, R. (2015). Assessing self-efficacy of frontline providers to perform newborn resuscitation in a low-resource setting. Resuscitation, 89, 58-63.





- \* Radoff, K. A., Thompson, L. M., Bly, K. C., & Romero, C. (2013). Practices related to postpartum uterine involution in the western highlands of Guatemala. Midwifery, 29, 225-232.
- \* Requejo, J., Bryce, J., & Victoria, C. (2012). Countdown to 2015: Maternal, newborn & child survival. Retrieved from http://www.countdown2015mnch.org
- \* Saab, D. (2012). Situating the role of traditional midwives in San Juan La Laguna, Guatemala. Undercurrent Journal, 11(1), 70-80.
- Seto, T. L., Tabangin, M. E., Josyula, S., Taylor, K. K., Vasquez, J. C., & Kamath-Rayne, B. D. (2015, September 9, 2015). Educational outcomes of Helping Babies Breathe training at a community hospital in Honduras. Perspectives on Medical Education. http://dx.doi.org/10.1007/s40037-015-0214-8
- \* UNICEF (2015). At a glance: Guatemala. Retrieved from http://www.unicef.org/infobycountry/guatemala\_statistics.html
- \* United Nations. (2013a). Millennium development goals and beyond 2015: Reduce child mortality. Retrieved from http://www.un.org/millenniumgoals/pdf/Goal\_4\_fs.pdf
- \* United Nations. (2013b). Millennium development goals and beyond 2015: Improve maternal health. Retrieved from http://www.un.org/millenniumgoals/maternal.shtml
- \* United Nations (2015). Survive, thrive, transform: The global strategy for women's, children's, and adolescent's health (2016-2030). Retrieved from http://www.everywomaneverychild.org/wp-content/uploads/2017/10/EWEC\_GSUpdate\_Brochure\_EN\_2017\_web.pdf.
- United Nations Foundation. (2016). Shaping the future for healthy women, children, & adolescents: Learn more about the process to update the global strategy. Retrieved February 8, 2016, from http://www.everywomaneverychild.org/global-strategy-2
- \* United Nations. (n.d.). Sustainable development goals. Retrieved February 8, 2016, from https://sustainabledevelopment.un.org/sdgs
- \* Velasquez, H., & Jimenez, A. Guatemala: Faced with the 2030 agenda. Retrieved from http://www.socialwatch.org/sites/default/files/2016-SR-Guatemala-eng.pdf.
- \* World Health Organization. (2014). Country cooperation strategy: Guatemala. Retrieved from http://www.who.int/countryfocus/cooperation\_strategy/ccsbrief\_gtm\_en.pdf
- \* World Health Organization (2015). Guatemala: Maternal and perinatal health profile. Retrieved from http://www.who.int/maternal\_child\_adolescent/epidemiology/profiles/maternal/gtm.pdf
- \* World Health Organization (2018). Newborns: Reducing mortality. Retrieved from http://www.who.int/mediacentre/factsheets/fs333/en/
- \* World Health Organization (n.d.). Newborn death and illness: Millennium Development Goal (MDG) 4. Retrieved from http://www.who.int/pmnch/media/press\_materials/fs/fs\_newborndealth\_illness/en/



