

Helping Babies Breathe:

Case study of a successfully translated development solution to address intrapartum asphyxia

Presented by:

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Round 1 Case Study Workshop – Successful translation of MCH health systems

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High Rates of Maternal & Neonatal Mortality

- Around 303,000 women die each year from pregnancy and childbirth complications (830 day)¹
- "Women make up 70 percent of Africa's labor force and produce 80 percent of food; therefore, maternal deaths and disabilities are a direct cost to the economy," *Dr. Nomonde Xundu, South Africa.*
- 2.5 million stillbirths and 2.6 million neonatal deaths each year (7,000 newborns a day).
- Globally, **46**% of all Under-5 years mortality occurs during the first month of life.

¹WHO: https://www.who.int/news-room/fact-sheets/detail/maternal-mortality









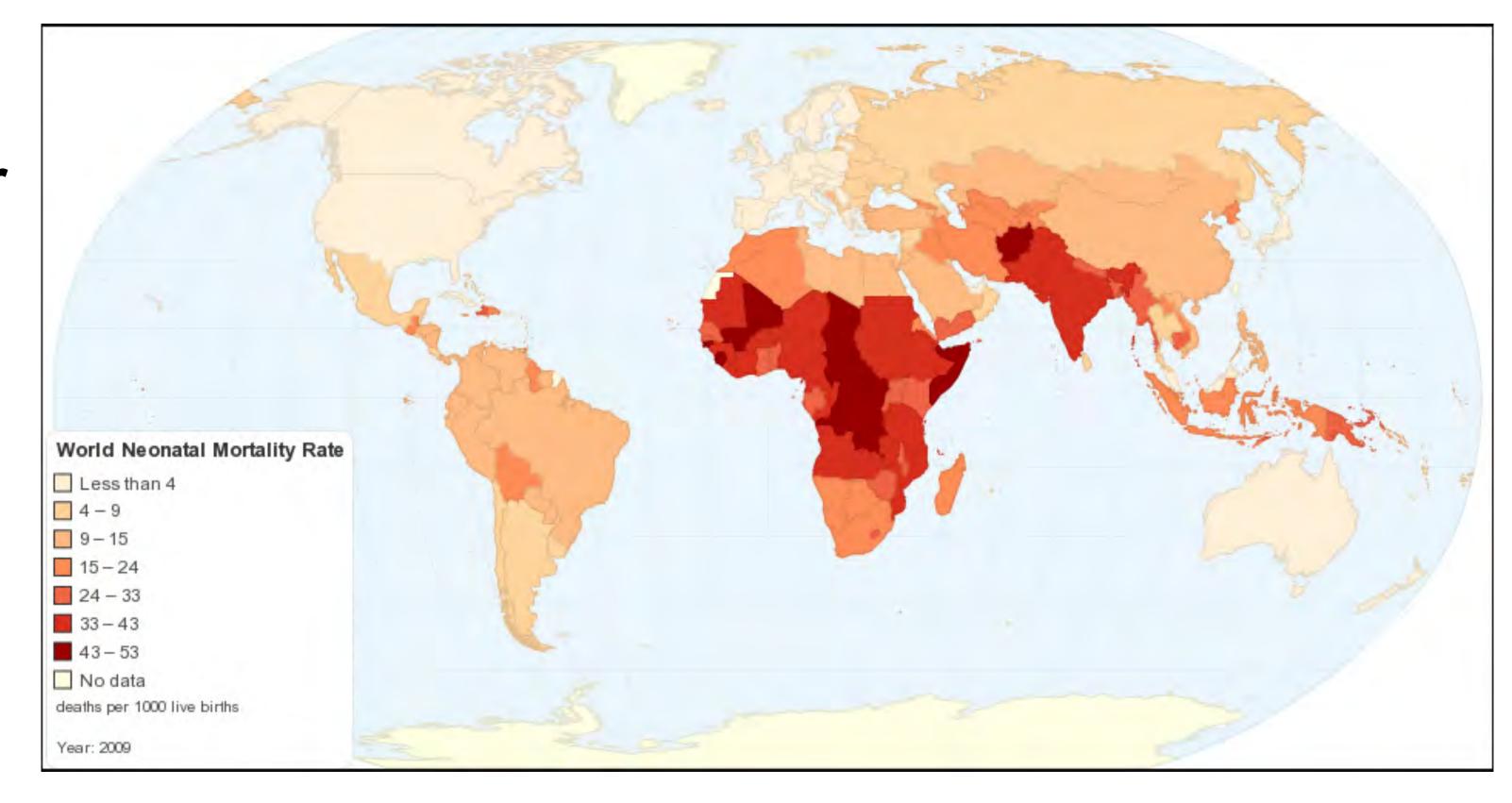




Research for Development Conference (R4D), May 2019, Uganda



- Low- and Middle-income countries bear a disproportionate burden for maternal & neonatal mortality.
- In some settings, neonatal mortality (death during the first 28 days postnatal) accounts for up to 60% of under-5 years mortality (UNICEF²)



²https://data.unicef.org/topic/child-survival/neonatal-mortality/#





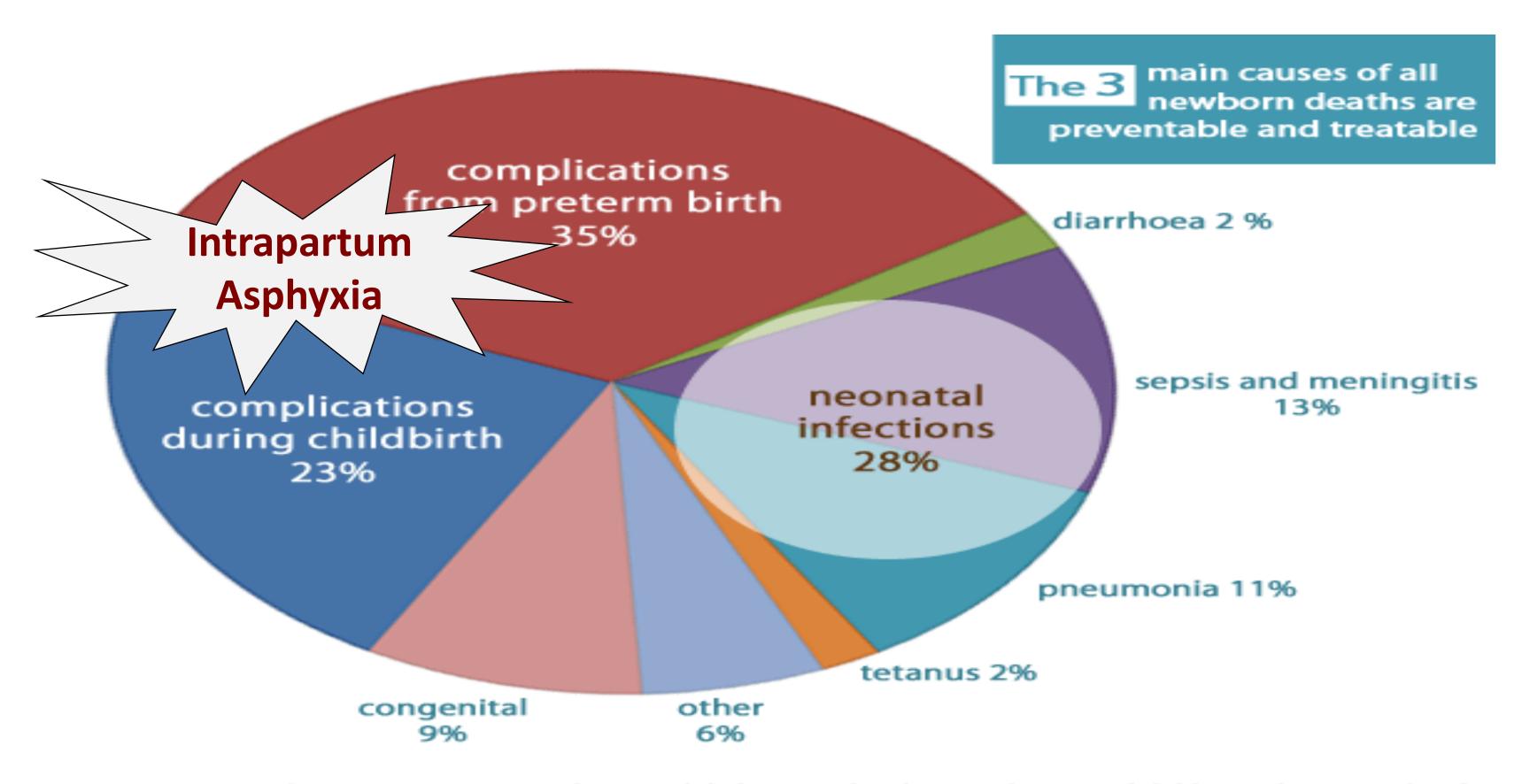












Leading Direct Causes of Neonatal Mortality

Source: Liu L, Johnson H, Cousens S et al. 2012. Global, regional and national causes of child mortality: an updated systematic analysis. Lancet 379(9832):2151-61.















The problem of intrapartum asphyxia

- Each year, there are about 10 million babies who suffer from breathing problems at or around the time of birth (intrapartum asphyxia).
- Intrapartum asphyxia is a leading cause of newborn death: almost 1 million babies a year die from this common birth complication. Survivors can suffer brain damage.
- Low/middle-income countries bear a disproportionate burden, especially Sub-Saharan Africa and Asia.
- Death and disability from intrapartum asphyxia are preventable.
- Neonatal resuscitation programs dramatically reduce rates of asphyxiarelated mortality and morbidity.















Evidence for Neonatal Resuscitation

Pediatrics
April 2001, VOLUME 107 / ISSUE 4
Article

Effect of a Statewide Neonatal Resuscitation Training Program on Apgar Scores Among High-Risk Neonates in Illinois

Daksha Patel, Zdzislaw H. Piotrowski, Merwyn R. Nelson, Robert Sabich

Brain Dev. 2008 Jan;30(1):43-6. Epub 2007 Jun 18.

The impact of Neonatal Resuscitation Program courses on mortality and morbidity of newborn infants with perinatal asphyxia.

<u>Duran R¹, Aladağ N, Vatansever U, Süt N, Acunaş B.</u>

Int J Gynaecol Obstet. 2009 Oct;107 Suppl 1:S47-62, S63-4. doi: 10.1016/j.ijgo.2009.07.013.

Neonatal resuscitation in low-resource settings: what, who, and how to overcome challenges to scale up?

Wall SN¹, Lee AC, Niermeyer S, English M, Keenan WJ, Carlo W, Bhutta ZA, Bang A, Narayanan I, Ariawan I, Lawn JE.



Seminars in Perinatology
Volume 34, Issue 6, December 2010, Pages 395-407



Reducing Intrapartum-Related
Neonatal Deaths in Low- and
Middle-Income Countries—What
Works?

Stephen N. Wall MD, MS, MSW*, Anne C.C. Lee MD, MPH^{†,‡}, Waldemar Carlo MD[§], Robert Goldenberg MD[¶], Susan Niermeyer MD, MPH^{**}, Gary L. Darmstadi MD, MS^{††} & Ø, William Keenan MD^{‡‡}, Zulfiqar A. Bhutta MBBS, PhD^{§§}, Jeffrey Perlman MBChB^{¶¶}, Joy E. Lawn MBBS, MRCP, MPH, PhD^{*}



All infants

Initial Steps: Drying, Warmth, Stimulation, Clear Airway as Needed

Positive-Pressure Ventilation

Some infants

By doing the first 3 steps well, we can prevent 99% of asphyxia-related death and disability















Neonatal Resuscitation: The global context 2006 - 2009

How to translate complex programs such as Neonatal Resuscitation Program, typically taught and implemented in high-tech settings, using very expensive simulation training equipment, into curricula that would be feasible, acceptable, affordable, safe, and effective in low-resource settings?

- American Academy of Pediatrics formed the Helping Babies Breathe Global Implementation Task Force.
- Key partners included USAID; Save the Children; National Institute of Child Health and Human Development (NICHD); Laerdal Medical AS, in close consultation with WHO.
- Four dedicated neonatologists (Susan Niermeyer; Nalini Singhal; George Little; William Keenan) lead development of a curriculum, called Helping Babies Breathe.
- Content aligned with International Liaison Committee on Resuscitation (ILCOR) guidelines.
- Underwent DELPHI review among key stakeholders.
- 2008 AAP released RFA seeking University partners for global sites to perform educational evaluation.















Helping Babies Breathe Global Educational Evaluation: 2009





Simulation and education

Helping Babies Breathe: Global neonatal resuscitation program development and formative educational evaluation*

Nalini Singhal^a, Jocelyn Lockyer^{b,*}, Herta Fidler^c, William Keenan^d, George Little^e, Sherri Bucher^f, Maqbool Qadir^g, Susan Niermeyer^h

- Feasible and acceptable.
- Low-cost simulation equipment & paired learning effective within LMIC context.
- HBB improved feelings of confidence & self-efficacy among health workers.
- Disconnect between knowledge and skills (bag-and-mask ventilation).

















Helping Babies Breathe Global Launch & Pilot Test: 2010 - 2011

- Five countries: Bangladesh, India, Kenya, Pakistan, Tanzania.
- Training of Trainer (TOT) implementation cascade: Master Trainers;
 Facilitators; Providers.
- Kenya: 1st recorded incident of HBB-trained provider to save baby.
- HBB training resulted in significant decreases in rates of fresh stillbirth (27%; India) & early neonatal mortality (47%; Tanzania).
- Global Launch of HBB June 2010
 - 100+ persons trained in Washington DC
 - US Congressional briefing
 - August 2010: Congress of International Pediatrics Association
 - Formation of the HBB Global Development Alliance (privatepublic partnership)



Mary Wekesa, RN, used lessons learned from *Helping Babies Breathe* to save Baby Job October 30, 2009 at Bokoli subdistrict hospital, Kenya















Helping Babies Breathe has catalyzed translation in all domains

American Academy of Pediatrics: Practices

Guide for Implementation of Helping Babies Breathe®

Strengthening neonatal resuscitation in sustainable
programs of essential newborn care



Laerdal Global Health: Products



USAID: Partnerships & Programs















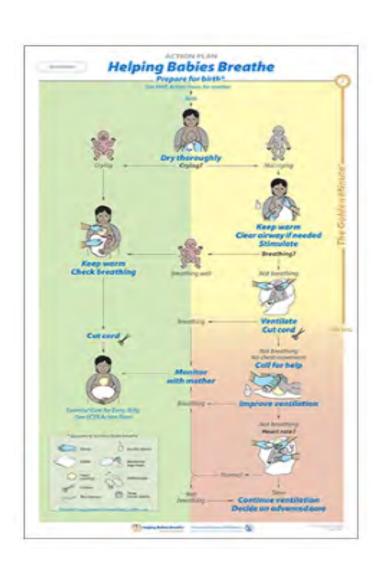


Translation to Global Practices

Lead HBB GDA partner: American Academy of Pediatrics









"The Golden Minute"

Simulation Training

Action Planning

Prepare for every birth

Knowledge

Skills

Competencies

Impact









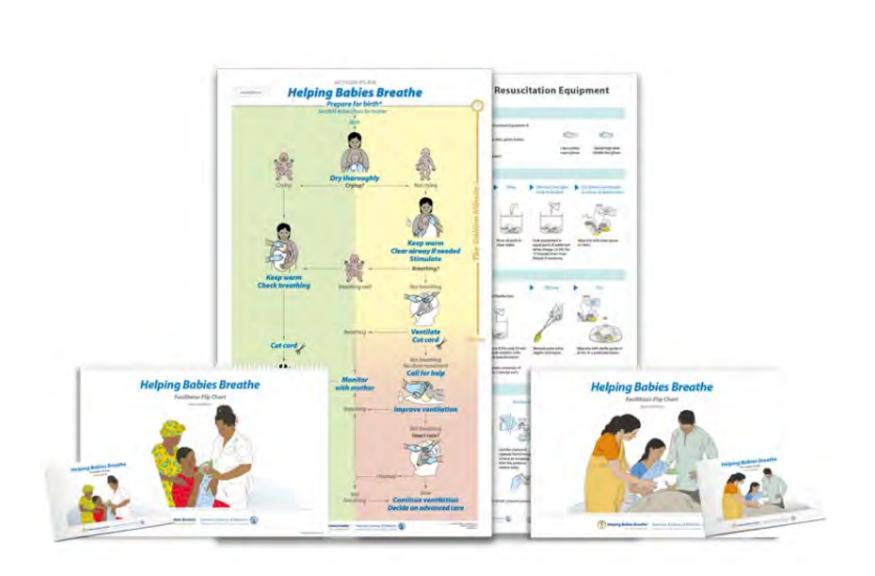






Translation to Global Products

Lead HBB GDA partner: Laerdal Global Health









Educational Materials

Low-cost simulation equipment

Neonatal resuscitation commodities







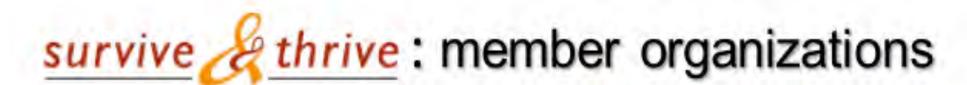








Translation to Global Partnerships & Programs Lead HBB GDA Partner: USAID

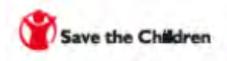










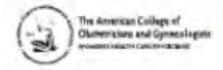




















With USAID's Support

















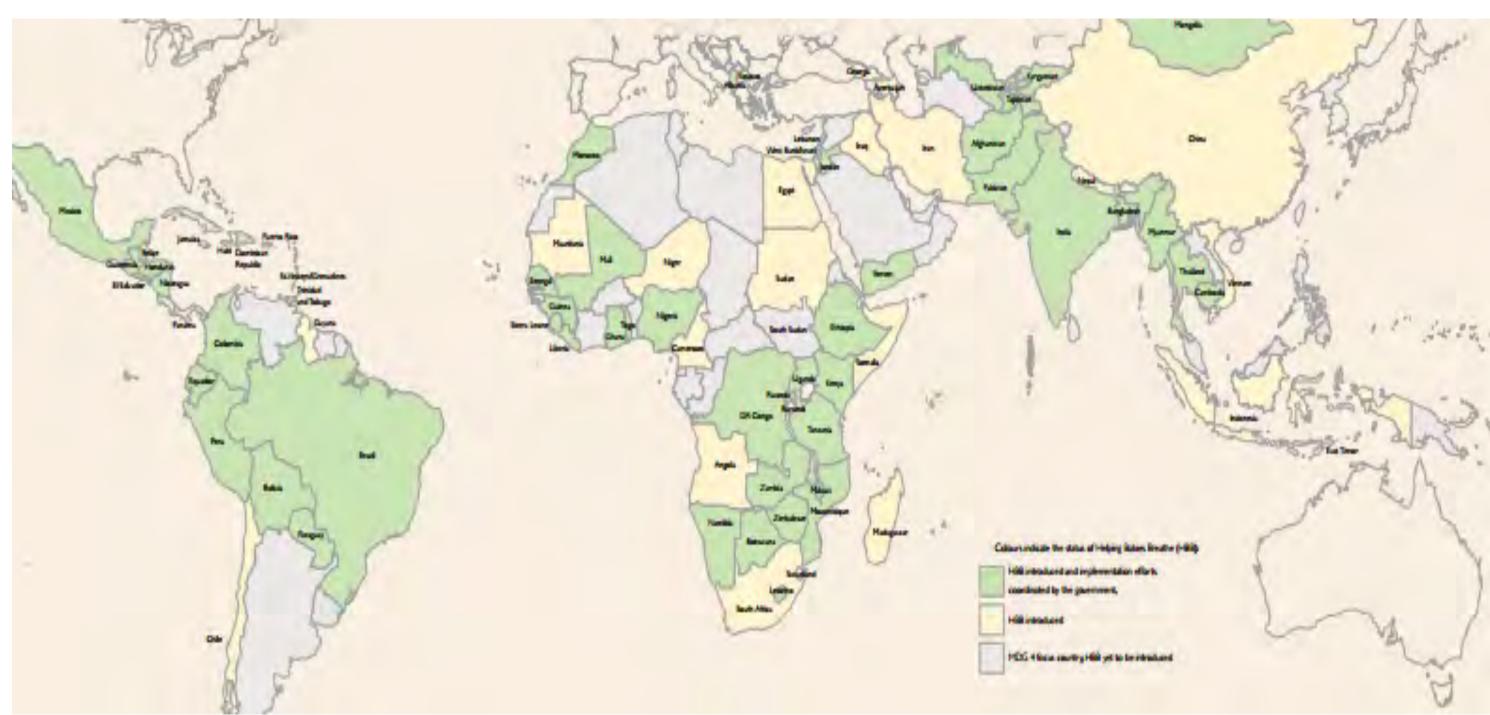








Translation to Global Policies Survive & Thrive GDA partner synergy













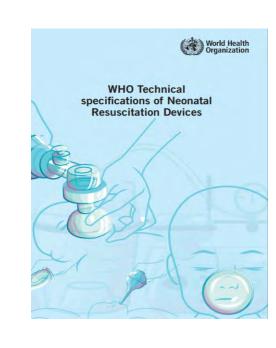


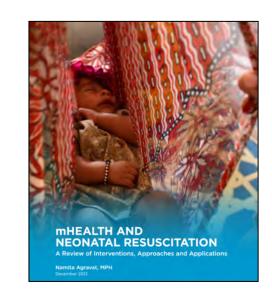


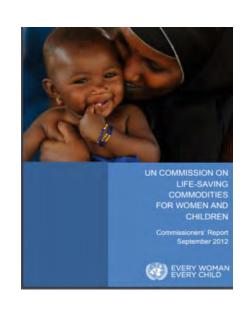




























Kenya at the forefront of global HBB efforts

2009 to Present



2009

AAP Global Educational Evaluation

Save the Children Global Field Test

2010

NICHD, NORAD, LGH Global Network Implementation Trial

2012

HBB integrated into national in-service Pediatric protocols

2013



- Master Trainer
 Corps implements
 HBB throughout
 East Africa
- core component of all pre-service nursing and midwifery curricula

























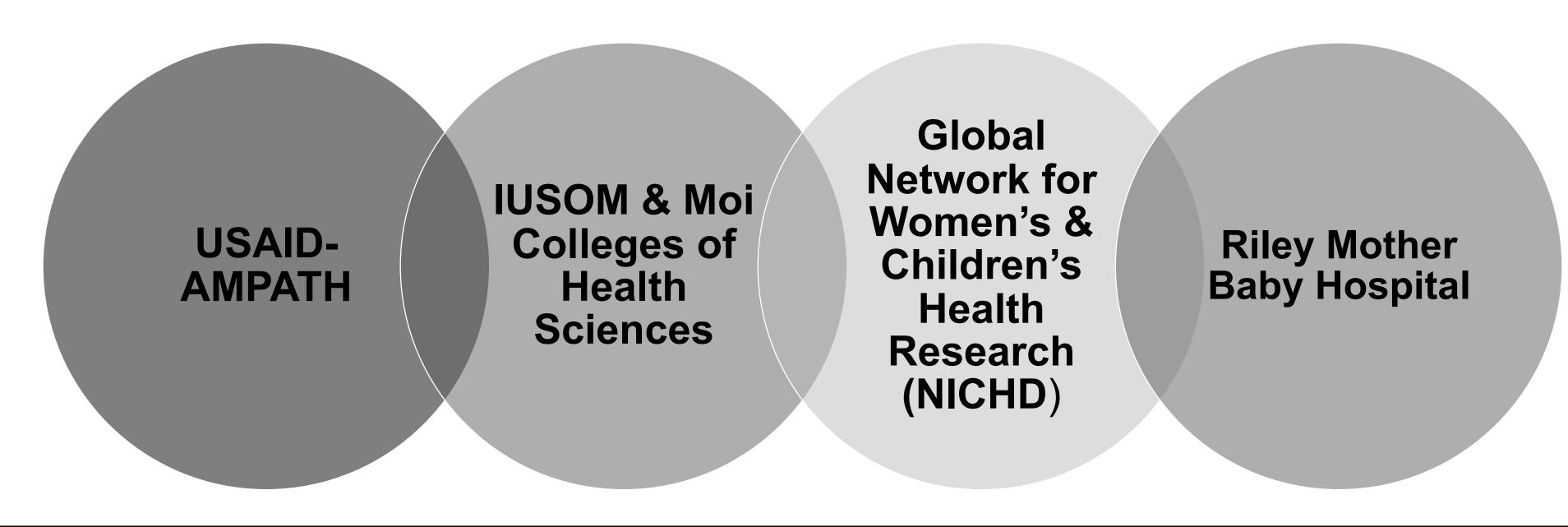








Indiana-Moi University Partnership: Enabling environment & ecosystem for success



Consortium Partners

Ministries of Health

Community Engagement

















Mary Wekesa, RN, used lessons learned from *Helping Babies Breathe* to save Baby Job October 30, 2009 at Bokoli sub-district hospital, Kenya Age 1 year

Global Health is Local Health



Job, Age 7, with his family





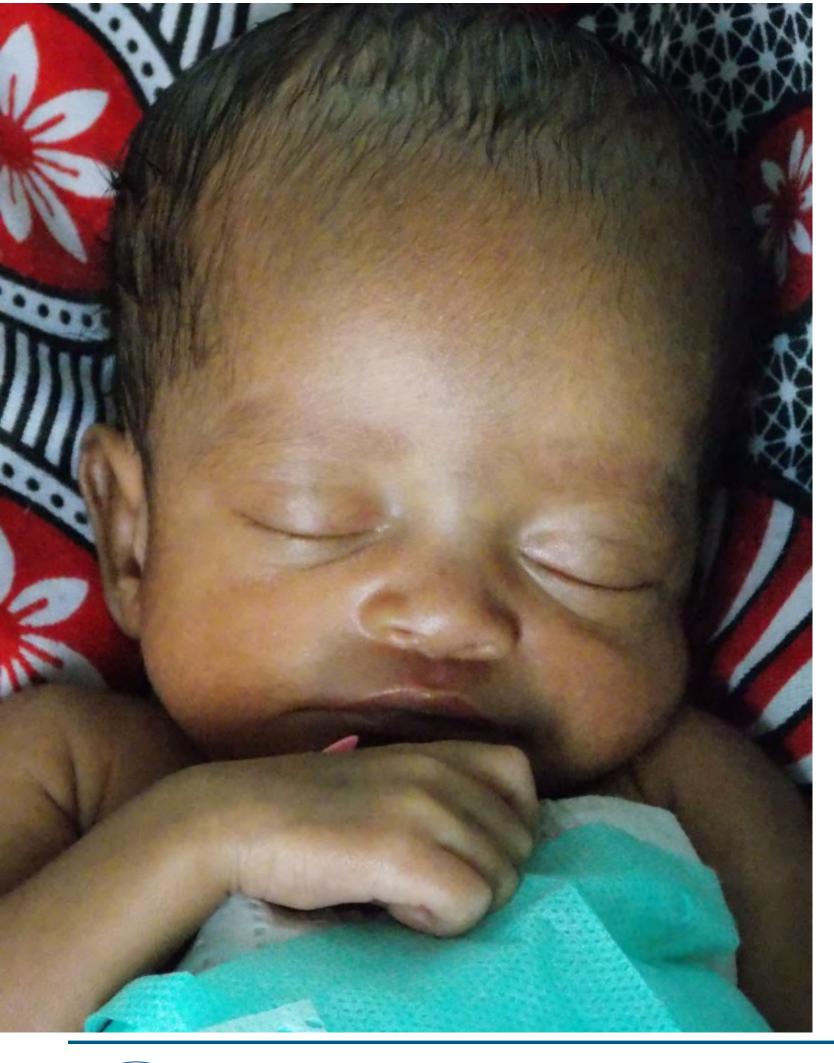












Thank you!

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https://scholar.google.com/scholar?q=%22Sherri+Bucher%22&hl=en&as_sdt=0,5













Research for Development Conference (R4D), May 2019, Uganda



Summary Slides















Summary (1 of 3)

Development Context and Challenge

- High global rates of neonatal mortality from preventable causes.
- Neonatal resuscitation evidence-based, life-saving intervention that reduces asphyxia-related mortality and morbidly.
- Two-fold challenge: How to effectively adapt for low-resource settings; how to rapidly disseminate & implement in LMICs.

Research applied to the Challenge

- Original evidence-base generated in high-income countries.
- Curriculum deliberately aligned with global guidelines.
- Purposeful integration of research from the beginning and funding provided (Educational evaluation; Field test).

Partners and Their Roles

• Clear roles, responsibilities, commitment (funding; in-kind).



June 2009: Training of the first 4 HBB Master Trainers in the country of Kenya. HBB Global Educational Evaluation















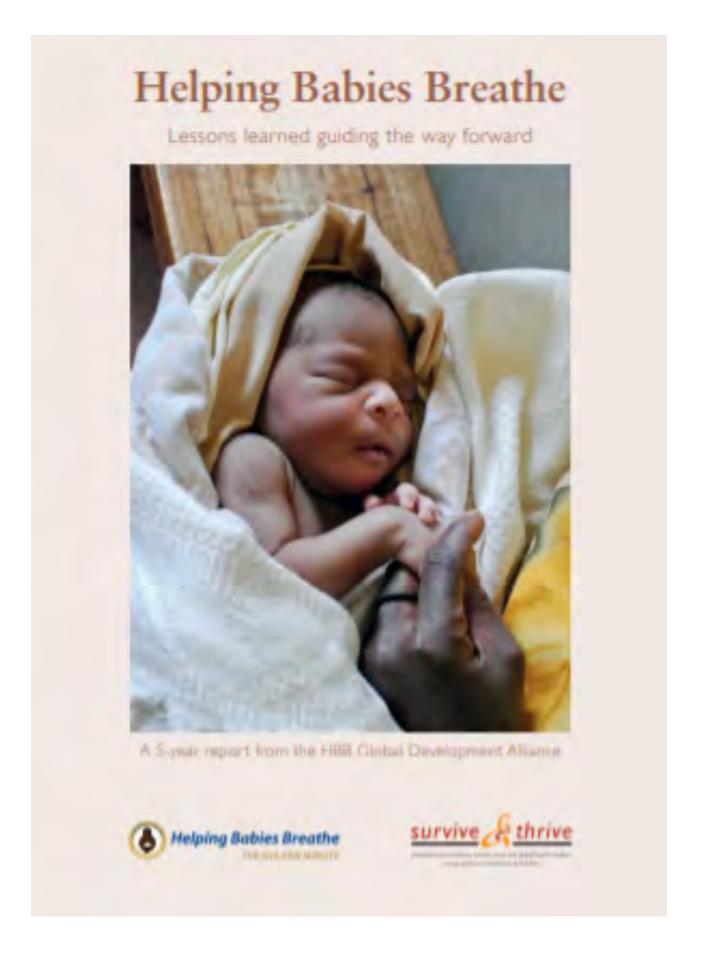
Summary (2 of 3)

Helping Babies Breathe Translation Products

- Practices: The Golden Minute; active learning; Be prepared.
- Products: Affordable; award-winning innovation
- Partnerships & Policies: United Nations Committee for Life-Saving Commodities; MDGs; SDGs; WHO Every Woman Every Child; Every Newborn Action Plan; professional associations; Ministries of Health.

Translation Vehicles

- Thousands of trainings via TOT cascade
- Publications: peer-review; white papers; reports
- Implementation manuals
- Webinar

















Summary (3 of 3)

Dissemination of Results

- Partner websites (cross –posting)
- Launch events & stakeholder meetings
- International & national conferences
- International, regional, national technical working groups
- Communities of practice
- Media & PR: ABC News Million Moms Challenge













