



# NEONATAL PUBLIC HEALTH POLICY

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# NEONATAL CARE

Exploring the Possibilities towards Better Healthcare

# THE CITY

We have 205.271 habitants

A average of 2.991 live births/year

About 2.400 in the Public Maternity

It's a port town City

It has a human development index of 0,795 3<sup>rd</sup> in the province

We have about 76% of the City total Area cover by the Family Health Strategy and divided in the micro-areas.

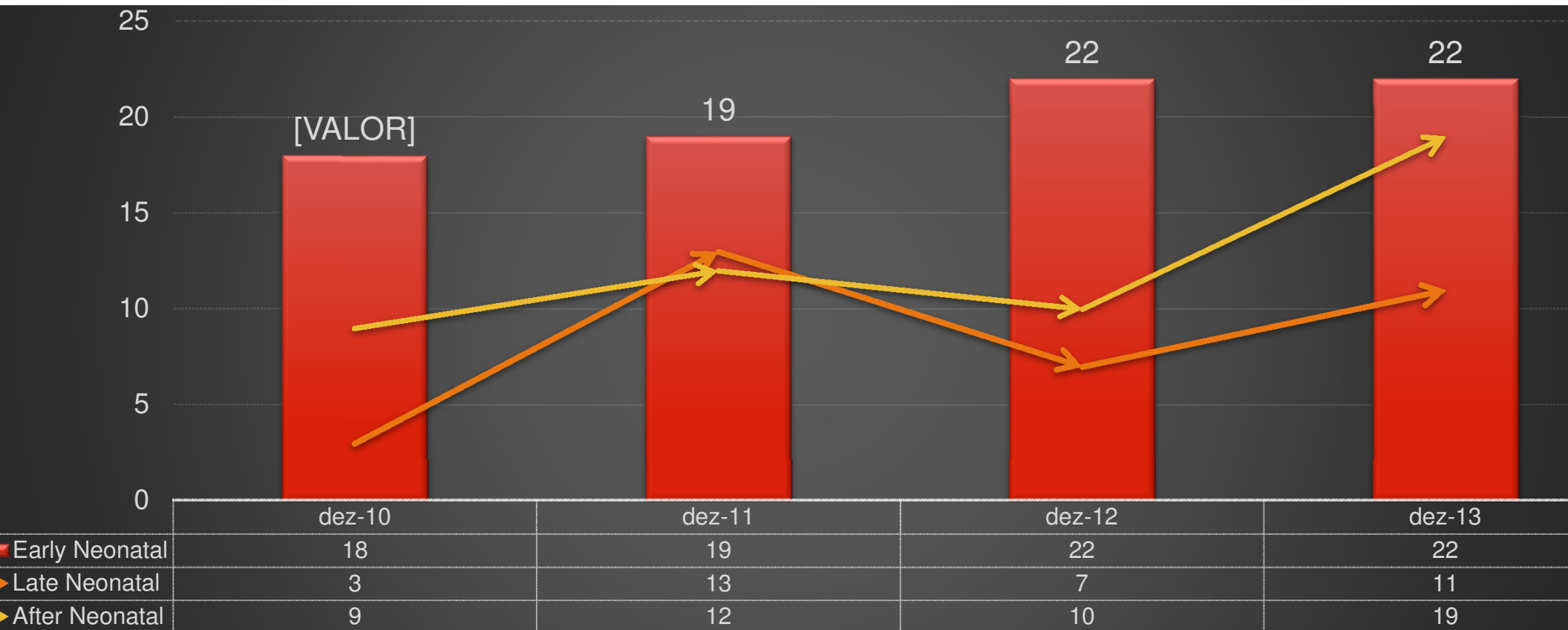
The Family Health team has at least one nurse, one medical doctor and a community health worker (variable about the number of people)

<http://cod.ibge.gov.br/232T9>

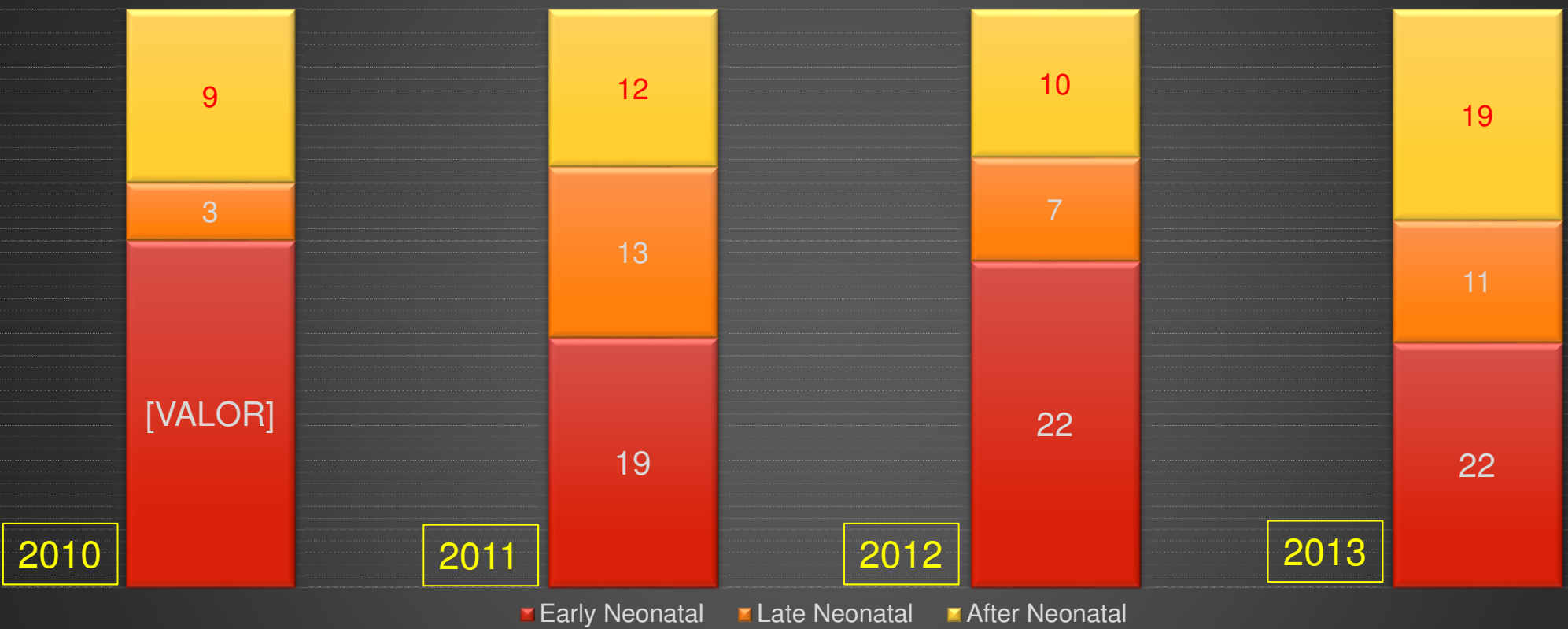
<http://dab.saúde.gov.br>



# CHILD < 1Y MORTALITY 2010-201



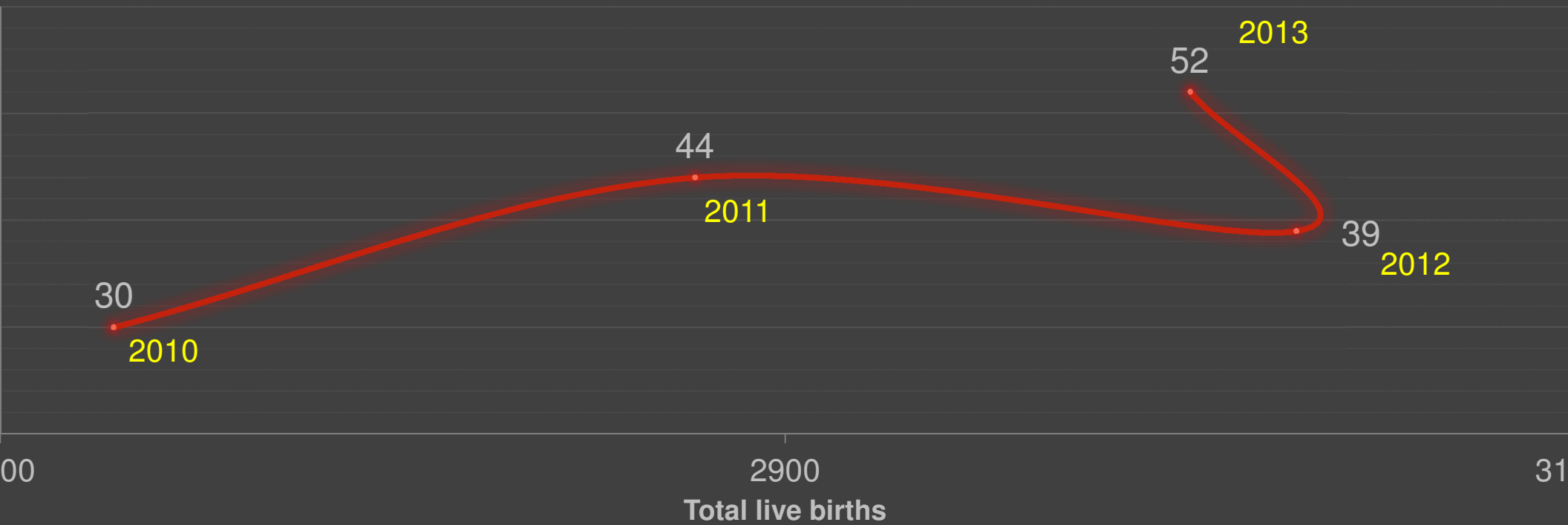
# CHILD < 1Y MORTALITY 2010-2013



# CHILD < 1Y MORTALITY 2010-

2013

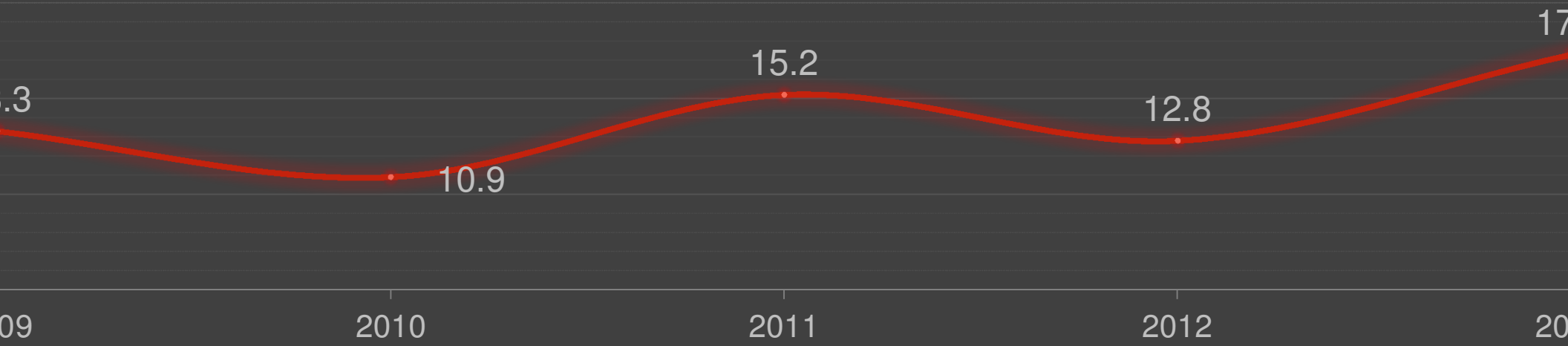
## DEATHS



2013

# CHILD < 1Y MORTALITY 2009-

Mortality Rate



## CHILD MORTALITY < 1YEAR 2013

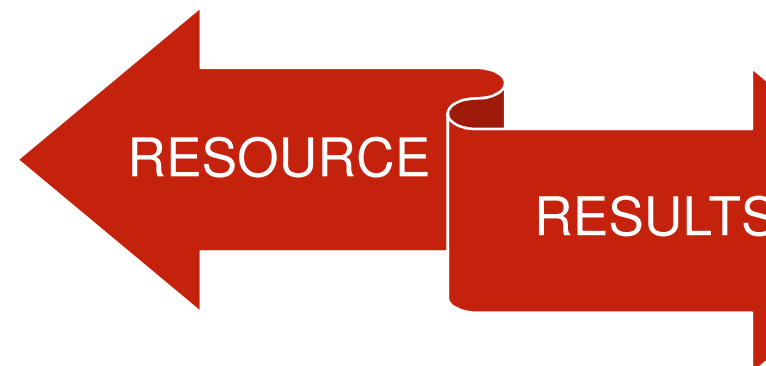
The second highest rate of child mortality from the province

One of the largest number of child death from the province

A fickle line of child mortality

The oscillatory curve demonstrates increase and decrease in mortality rate by chance, and not associated to an efficient Public Health Policy

It`s a surprise ?







We've been here in the past.  
We have to care our children in their homes !!!

# WHICH ARE THE PILLARS TO ADEQUATE HEALTH CARE



*SURVEILLANCE*



CARE



SUPPORT





# SURVEILLANCE

Public health surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. (WHO)

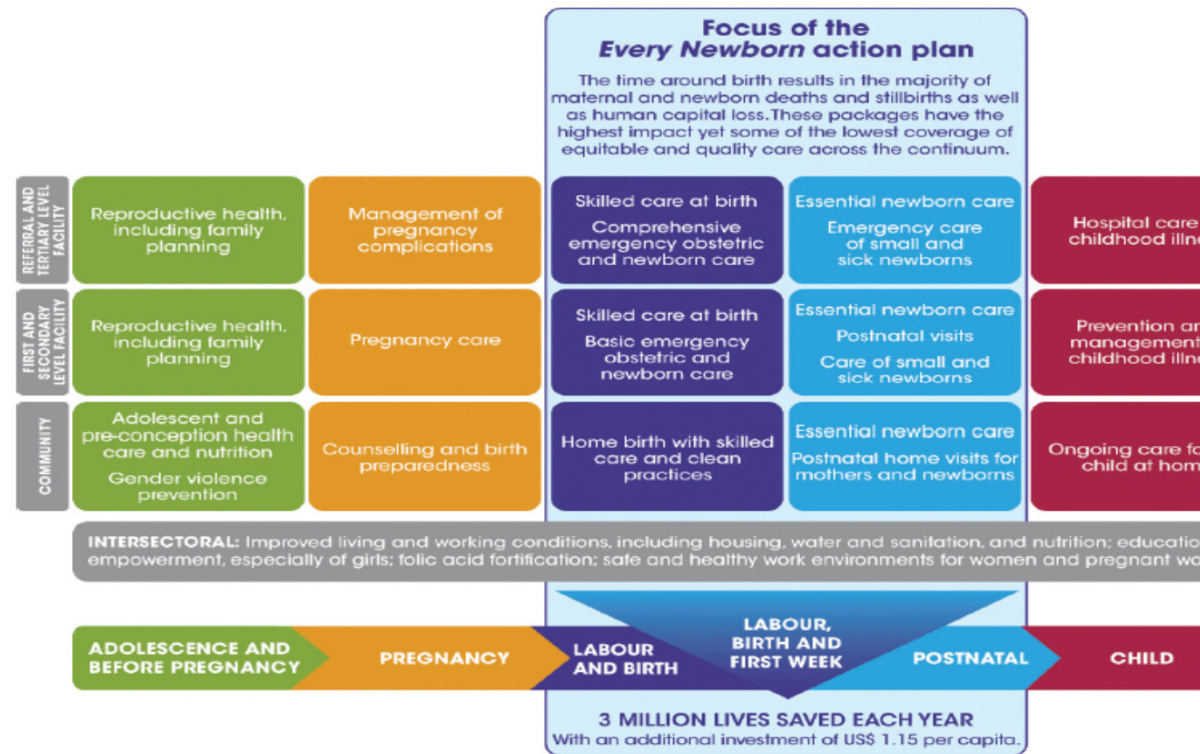
We have a systematic collection of data (a lot of manual work), but We were not efficient at analysis and interpretation.

We were not anticipating the healthcare processes. (Very Important !!).

# kind of care We ?

e visit based care  
Mother care and baby care  
 eastfeeding empowerment  
 more than 7 days to do the visit  
 er if the community health worker  
 t go alone → have to be with the  
 e or the community doctor or both.

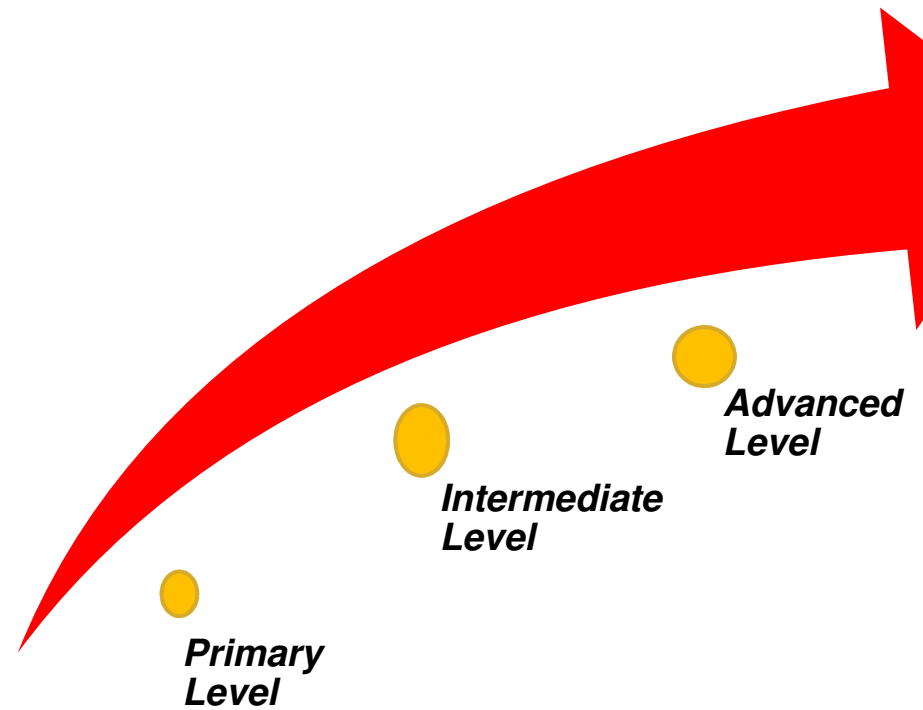
# CARE



WHO technical consultation on newborn health indicators: *Every Newborn Action Plan Metrics*

# SUPPORT

We have to support our teams  
We must be prepared for the needs  
that we have and support them  
We need to evaluate and think about  
the strategy often  
We have to give conditions for the  
proper work of our teams



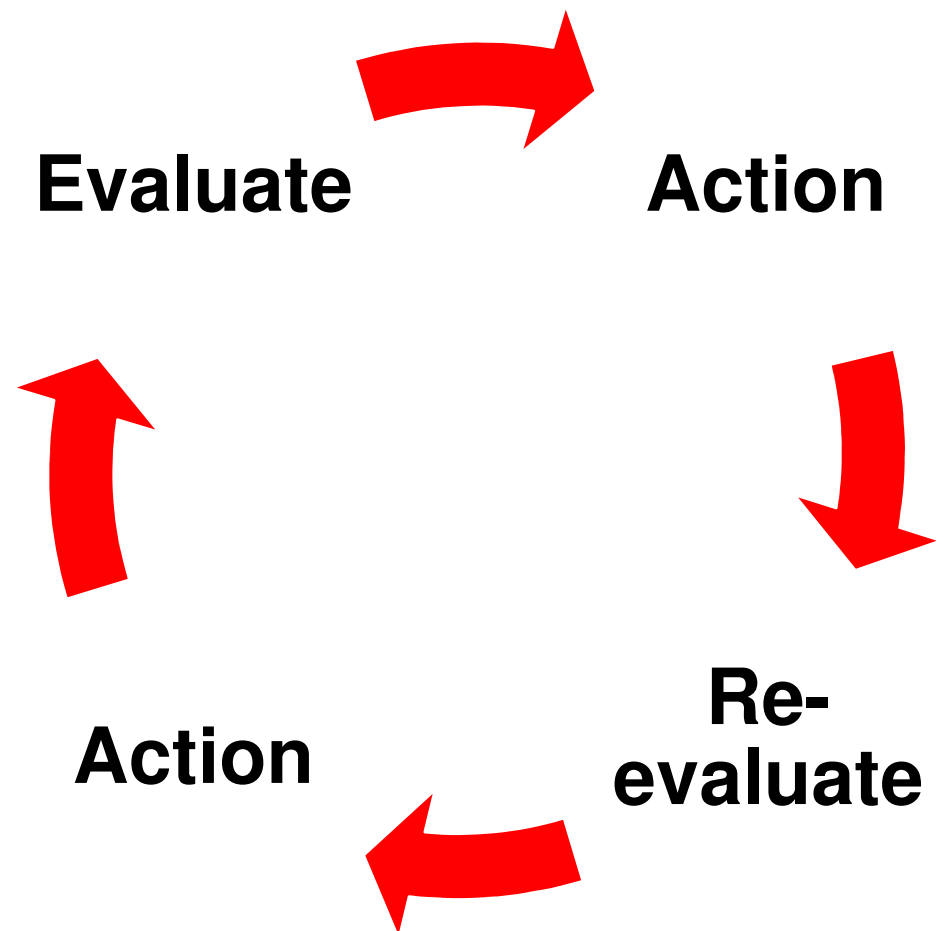
Preventive Care in all Levels

## How We Start ?

... began talk with the largest working group in the public health, the community health worker, and the nurses, most of whom are the supervisors from the health facilities at primary care.

... about 300 people.

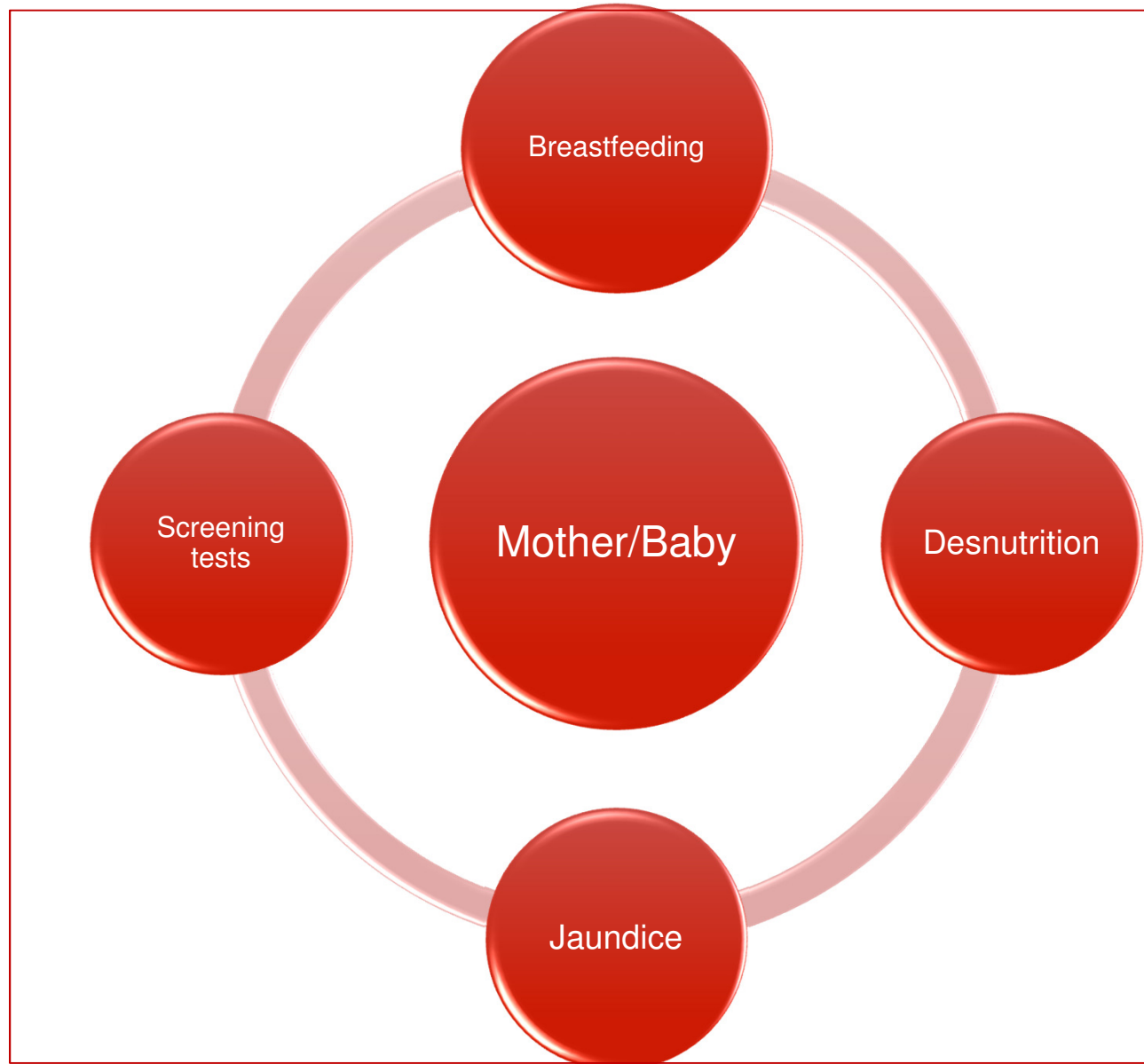
... talk with all community medical workers about the numbers of mortality.



# ATTENTIVE CARE X THERAPEUTIC CARE

We were worried about a attentive care,  
more about the visit at home for the  
mother and the baby and less about a  
medical appointment.

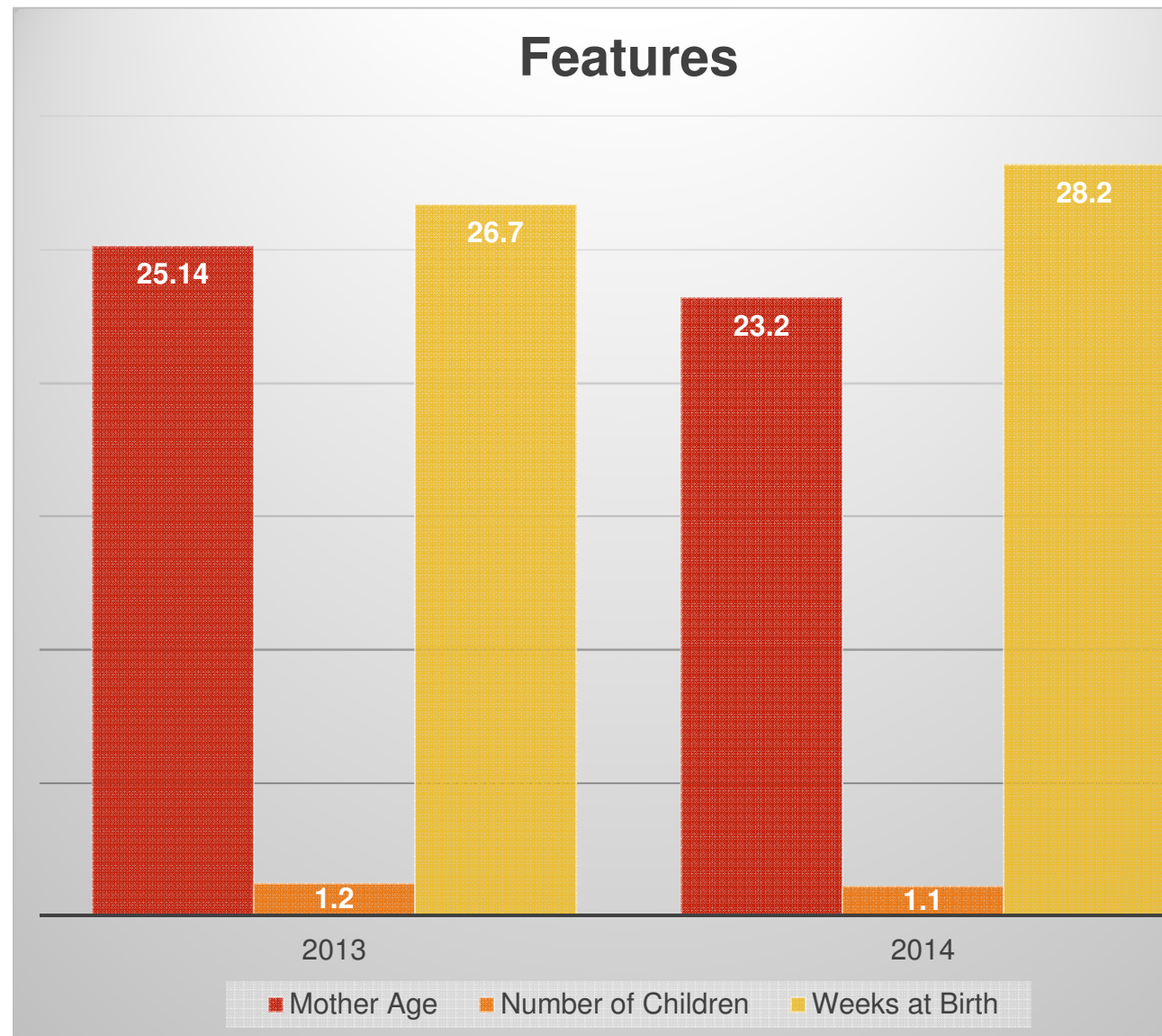
We tried thinking about a integrative  
care and more of it, a care with  
responsability, like to care about the  
mother and the baby.



say ?

When We look for the very brief  
file from the mothers in 2013,  
don't found a social  
determinant for the number of  
natal death.

need to measure and  
evaluate the expected results,  
tried to anticipated them.







# *A CARE MOVEMENT*

## Prenatal Care

Breastfeeding  
Empowerment  
Diabetes  
Maternal Nutrition  
Maternal Hypertension  
Urinary tract Infection  
Syphilis

## Intrapartum care

- Attendant skilled health staff
- The Golden hour
- The father together or someone from the Family
- Newborn measures and physical examination after 1 hour

## Home care

- Start at the Hospital
- No more than 7 days
- Look for some risk factor
- Child log book
- Nurse or Medical Visit (same of prenatal care)

# A CARE MOVEMENT IN THE CITY ??

World breastfeeding week (40%)

World Health day

First walk of breastfeeding

A municipal “law” for support breastfeeding actions

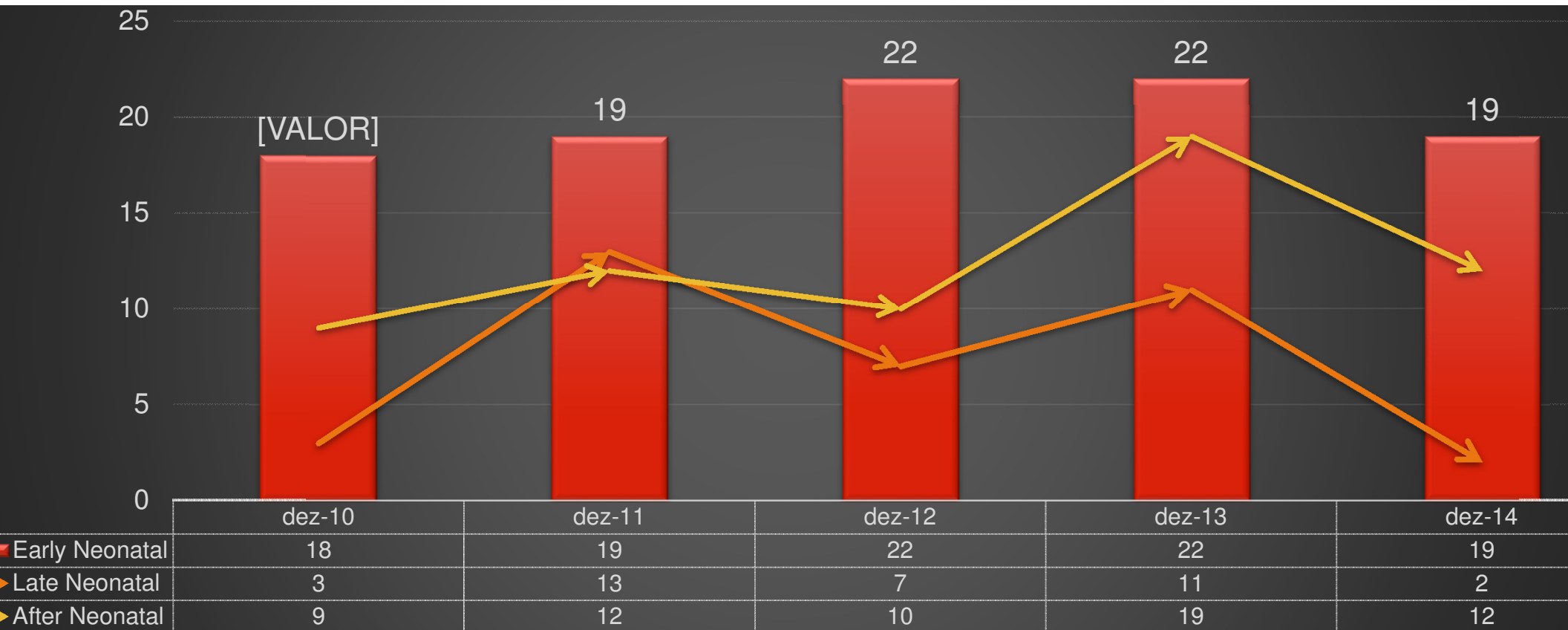
Better information (computers in all health facility)



# CHILD <1Y MORTALITY 2013-2014

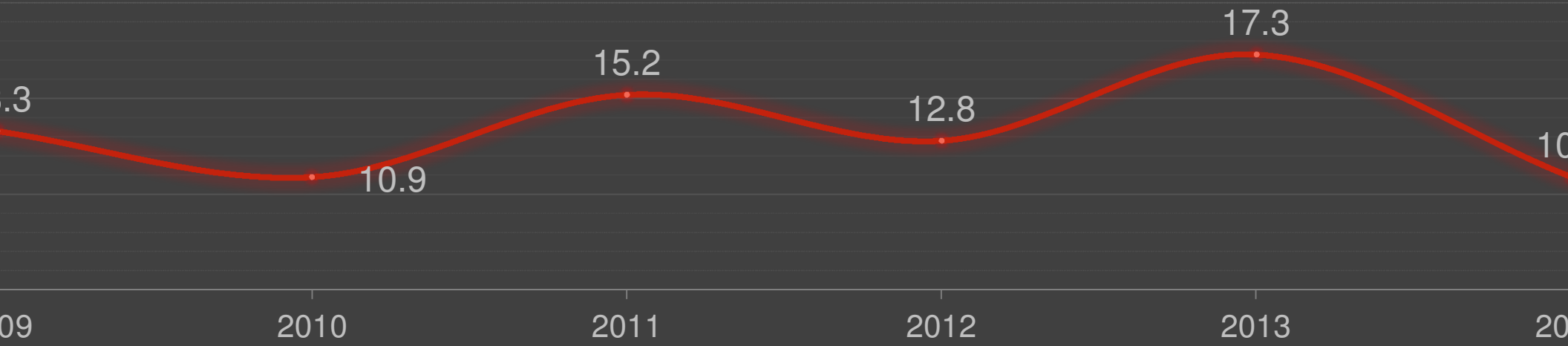


# CHILD < 1Y MORTALITY 2010-2014



# CHILD < 1Y MORTALITY 2010-201

Mortality Rate



# CHILD < 1Y MORTALITY 2010-2014

## DEATHS



## WE MUST CONTINUE !!

- We believe that the set of all actions and not just one or the other has been essential for improved results.
- We need to get a better result for the neonatal early deaths
- We have to improved a lot our prenatal assistance
- We must to continue all the actions and have more patterns for help
- Invest in education for all !!

THE CITY HALL AND  
OUR TEAM



OUR  
FAMIL

