

First Embrace

A mother's first embrace, her baby's first breath



<http://thefirstembrace.org>



**World Health
Organization**

Western Pacific Region



Saving Lives at Birth

Maternal and neonatal death rates are high in the Western Pacific Region.* Newborn babies die from being born too soon (prematurity) or too small (low birth weight), from severe infections, or from lack of oxygen around the time of birth (asphyxia).

Newborn death rates in the Region have declined at a slower rate than before their fifth birthday were newborns. This can be prevented with simple precautions.

The World Health Organization (WHO) First Embrace initiative aims to decrease neonatal mortality and

improve maternal health. First Embrace refers to life-saving skin-to-skin contact immediately after birth between the baby and its mother, a simple and basic action that is beneficial to all babies and mothers.

**The Western Pacific Region is home to approximately 1.8 billion people, more than one-quarter of the world's population. It stretches over a vast area, from China in the north and west, to New Zealand in the south, and French Polynesia in the east. One of the most diverse of the WHO regions, the Western Pacific includes some of the world's least developed countries as well as the most rapidly emerging economies. It includes highly developed countries such as Australia, Japan, New Zealand, the Republic of Korea and Singapore; and fast growing economies such as China and Viet Nam.*



Early Essential Newborn Care

Early essential newborn care (EENC) is the simplest, most cost-effective preventive measure to significantly reduce newborn deaths. EENC could save at least 50 000 newborn lives each year in the Western Pacific Region. EENC addresses the most important causes of newborn death through the First Embrace, primarily by eliminating harmful or outdated newborn care practices.

EENC focuses on improving the quality of childbirth and newborn care in the first 24 hours. It is implemented through existing services and results in stronger health systems.

The First Embrace

The First Embrace refers to immediate skin-to-skin contact shortly after the baby is born. This simple act of love transfers life saving warmth, placental blood and protective bacteria from the mother to the newborn. It also has the added benefit of promoting a natural bond between mother and child that improves the condition of all babies including those who are premature, sick or born by caesarean section.

Through colostrum, the first milk secreted from the mother's breast, newborns are provided essential nutrients, antibodies and immune

cells to protect them against diseases. Mothers can initiate exclusive breastfeeding when feeding cues from their babies occur such as drooling, tonguing, rooting and biting fist or fingers.

Routine care for the baby such as providing Vitamin K, eye prophylaxis, immunizations, complete examination and weighing should be done after the first breastfeeding is completed. Bathing should be delayed until 24 hours after birth. Care for newborns should be given in the proper sequence given their fragile state.



FAQs for your Health Care Professionals

How do we prevent and care for preterm or low birth weight babies?

- Eliminate induction of labour and caesarian section delivery without strict medical indications.
- Give steroids to the mother in preterm labour to help the baby's lungs mature and medications to delay delivery (called tocolytics).
- Take antibiotics for preterm pre-labour rupture of membranes.
- Practice Kangaroo Mother Care (KMC), which involves the mother wrapping the preterm baby on her chest in skin-to-skin contact to keep it warm; and breastfeeding to give protection from infection.
- Monitor the newborn for any complications.

How do we prevent and care for sick newborns?

- Ensure the availability of a resuscitation bag and mask at all births to care for unpredictable babies who do not breathe spontaneously on their own after drying and initial skin-to-skin contact.
- Provide immediate antibiotic therapy and supportive care in case of newborn infections.
- Refer mothers in labour with risk factors to referral hospitals.
- Refer severely sick babies to referral facilities preferably in skin-to-skin contact with their mother after stabilization.

If Early Essential Newborn Care (EENC) interventions are available, why do newborns continue to die?

- Health workers may be unaware that they can take simple steps to protect newborns.

- Newborns are often not counted by health systems; those who die in the community are often not named and their deaths are not reported. Health facilities often do not report newborn deaths that occur in the first hours or even days of life.
- Health system bottlenecks impede progress to improve newborn care.
- The community's norms and beliefs, including those of some health-care providers, may not support best practices such as Early Essential Newborn Care (EENC).

If constraints are prevalent, what can we do?

- Understand what motivates key stakeholders (e.g., mothers, families and health workers) and promote changes in cultural beliefs and care-seeking practices.
- Provide universal access to essential drugs, commodities, trained health staff, effective supervision, referral and monitoring.
- Incorporate EENC into pre-service training curricula.

- Collaborate and coordinate to effectively plan and implement EENC.
- National plans, budgets, standards, laws, information systems, supply systems and platforms for advocacy need to address health system bottlenecks.

What are our strategic actions?

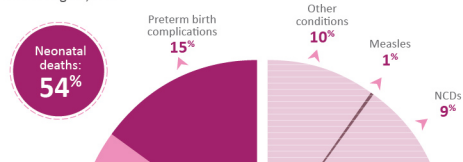
- Ensure consistent adoption and implementation of EENC.
- Improve political and social support to ensure an enabling environment for EENC.
- Ensure availability, access and use of skilled birth attendants (SBAs) and essential maternal and newborn commodities in a safe environment.
- Engage and mobilize families and communities to increase demand.
- Improve the quality and availability of perinatal information.

Select Figures: Taken from the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020)

Table 1. Number of neonatal deaths and neonatal mortality rate in selected countries in the Western Pacific Region, 2012*

Country	Number of neonata deaths (thousands)	Neonatal mortality rate (deaths per 1000 live births)
China	157.4	8.5
Philippines	22.3	14.0

Figure 1. Causes of under-five deaths in the Western Pacific Region, 2010



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https://www.yunbaogao.cn/report/index/report?reportId=5_27677

