Excellence against all odds: the 7th International Conference of Neonatal Nursing, Durban

I was very fortunate to attend the 7th International Conference of Neonatal Nursing in Durban in October last year, along with my colleague Denise Evans. It was a wonderful opportunity, not only to showcase our ongoing work in Uganda[1,2], but to network and learn from others with a similar drive and passion for Africa. Seventeen countries were represented with a good contingent from the UK, the majority of delegates coming from countries across Africa, all united in one aim: to save the lives of the newborn, wherever they are born.

Sharing our experiences with nurses and doctors who had the same vision as us was rewarding; however the feedback from the African nurses on our endeavours was humbling and has instilled in us a renewed energy for our work overseas. With such a busy conference over four days, it has been difficult to decide on what areas of interest to highlight. I have decided to address three areas: saving newborn lives; kangaroo mother care (KMC) and the South African healthcare system.

FIGURE 1 Liz Crathern networking with Regina Obang at the 7th ICNN.

Saving newborn lives: neonates – the 'hidden population'

Dr Joy Lawn is the director of Global Evidence and Policy with the Gates-funded Saving Newborn Lives organisation and was a keynote speaker for both the COINN day (Council of International Neonatal Nurses) and the neonatal conference. She has 20 years' experience in newborn health, more specifically in Africa and this is a brief summary of some key points within her presentations:

Every year 136 million babies are born but only 11 million of those births are in high income countries. Of the rest, 30 million babies are born into facilities that have a limited number of staff able to care for the newborn and poor facilities to carry out that care. For example, she observed one neonatal nurse in Ghana caring for 90 babies on one shift. Dr Lawn argued that globally, since 2000, very little progress has been made in the reduction of neonatal deaths and in the ongoing care of the sick neonate in resource poor countries. Yet the MDG 4 target has an aim of reducing global infant mortality rates to 29/1000 live births by 2015. She also argued convincingly that when reviewing infant mortality rates it is important to note that 41% of these deaths are neonatal deaths, therefore to improve on infant mortality rates there is a need to address this 'hidden' population and invest in saving newborn lives. Getting accurate and timely data is a challenge in resource poor counties and she stated that UNICEF has identified an urgent need for global data on early (END) and late neonatal death (LND), postnatal deaths (PND) specifically 1-11 months, and deaths from 12-29 months.

Importantly, Dr Lawn also highlighted that the current data available are clear: babies in developing countries are dying from prematurity, infection and birth asphyxia – all major causes of death. She also drew upon guidance by Shiffman and Smith[3] on how to analyse global problems in health care. Using their framework she proposed four main areas to consider:

1. What are local and international priorities?
2. What are the practical ideas that portray the issue?
3. What is the nature of the political context in which care is delivered?
4. What is the level of power and skills of the people caring for neonates?

Kangaroo mother care

I attended a full-day workshop on KMC; such was its popularity that the programme could not facilitate all the delegates who wanted to attend. I listened to presentations that confirmed my own beliefs, that in the developing world KMC is a safe, cost-effective and efficient means of keeping small neonates alive.

Through the use of KMC, African

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neonatal nurses and midwives are succeeding in saving the lives of newborn infants without the technology we so readily depend upon in the western world[4]. Senior neonatal nurse and midwife Regina Obang taught mothers how to support and give each other guidance in ongoing KMC support. She is the manager of a 90-bedded neonatal unit at Komfo Anokye teaching hospital in Ghana and one of two nurses awarded the International Nursing Excellence Award for her endeavours (**FIGURE 1**).

South African healthcare

During the conference we visited two state hospitals, one in a 'leafy suburb' and the other in a built-up area. It was clear to see that mothers had a level of care at delivery that was determined by their 'post code', with facilities that were noticeably challenging in a predominantly black area of Durban's inner suburbia.

South Africa is a relatively young democracy and it is burdened with similar health concerns to those of its neighbouring African countries: communicable diseases (top of the list HIV/AIDS), non-communicable diseases, maternal, neonatal and child deaths, and more specifically death from violence or injury[5].

There are still major inequalities in South Africa, and it is hard not to notice this as you travel around. Like other African countries, South Africa is 'off track' for meeting MDG 4 and 5 and this is compounded by an HIV/AIDS epidemic that is impacting on maternal, neonatal and child mortality[5].

However, at the conference we heard of amazing efforts being made in South Africa to try and improve the care of mothers and their babies with education packages and training for neonatal nurses and medical staff caring for the newborn. *The Lancet South Africa* series stated that 'a health system under extra pressure requires extraordinary effort',[5] something the UK healthcare system is beginning to recognise too.

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