

**Maternal, newborn and child survival interventions
considered to have clear evidence of beneficial effect on survival by level of delivery care,
according to the site where the studies included in the available systematic review(s) were carried out**

Conclusions from the Meeting on PA2 of PMNCH, 7-8 April 2010 *** DRAFT ***

	Maternal	Newborn (outcome)	Child
Referral Level	<p><u>Pre-pregnancy interventions</u></p> <ul style="list-style-type: none"> Interventions to delay first pregnancy and promote birth spacing Peri-conceptual folic acid Prevention & management of STIs including HIV <p><u>Management of unwanted/unintended pregnancy</u></p> <ul style="list-style-type: none"> Availability and provision of safe abortion when indicated and legally permitted Provision of post abortion care <p><u>Antenatal care interventions</u></p> <ul style="list-style-type: none"> Appropriate antenatal care package (basic WHO package) External cephalic version to reduce malpresentations (> 36 weeks) Aspirin for prevention of pre-eclampsia in high risk women Situational interventions (e.g. PMTCT, initiation of ART) <p><u>Pregnancy complications</u></p> <ul style="list-style-type: none"> Management of antepartum haemorrhage 	<ul style="list-style-type: none"> Skin-to-skin contact for the first hour of life (breastfeeding rates, thermal protection) Resuscitation for birth asphyxia Vitamin K prophylaxis for the newborn ¹ Kangaroo mother care for stable LBW/preterm infants <2000gc compared to standard care (neonatal mortality) Surfactant therapy for very preterm babies to prevent or treat RDS (neonatal mortality) Continuous positive airway pressure (CPAP) to prevent or treat RDS (neonatal mortality?) Antibiotics for the newborn if at risk of bacterial infection (maternal infection, fever) - common sense (neonatal mortality) Vitamin A supplementation for very LBW (neonatal mortality) Prenatal steroids (NMR, RDS, IVH) 	<ul style="list-style-type: none"> Antiretroviral therapy to improve HIV-free survival Feeding practice for HIV-exposed child Vaccine: H influenzae type b (Hib) Vaccine: Pneumococcal conjugate Vaccine: Rotavirus Management of severe acute malnutrition Case management of childhood pneumonia Case management of childhood meningitis Enhanced diarrhoea management (ORS, zinc and continued feeding) Antibiotics for the treatment of dysentery in children Vitamin A as treatment of measles and pneumonia

¹ Based on developed country studies. Further evidence synthesis underway

	Maternal	Newborn (outcome)	Child
	<ul style="list-style-type: none"> ▪ Management of pre-eclampsia ▪ Management of PROM (IOL) ▪ Corticosteroids for preterm labour ▪ Management of Preterm PROM (Antibiotics) ▪ Management of prolonged pregnancy (IOL) <p><u>Management of labour</u></p> <ul style="list-style-type: none"> ▪ Partograph use in labour ▪ Social support during labour ▪ Infection prevention ▪ Pain relief in labour ▪ PPH prevention, active management of 3rd stage of labour with uterotonics <p><u>Management of complicated labour</u></p> <ul style="list-style-type: none"> ▪ Interventions to manage prolonged or obstructed labour ▪ Caesarean delivery for specific indications ▪ Prevention and treatment of eclampsia ▪ Clinical management (vaginal/CS) of breech presentation <p><u>Postpartum interventions</u></p> <ul style="list-style-type: none"> ▪ Advice and support for breastfeeding ▪ Advice and provision of family planning ▪ Treatment of maternal anaemia 		

	Maternal	Newborn (outcome)	Child
	<ul style="list-style-type: none"> ▪ Treatment of maternal infection ▪ Management of postpartum haemorrhage ▪ Initiation/continuation of ART for HIV (situational) 		
First level/ Outreach	<p><u>Pre-pregnancy interventions</u></p> <ul style="list-style-type: none"> ▪ Interventions to delay first pregnancy and promote birth spacing ▪ Peri-conceptual folic acid ▪ Prevention & management of STIs including HIV <p><u>Antenatal care interventions</u></p> <ul style="list-style-type: none"> ▪ Appropriate antenatal care package (WHO antenatal care package) ▪ Situational interventions (e.g. PMTCT) <p><u>Pregnancy complications</u></p> <ul style="list-style-type: none"> ▪ Corticosteroids for preterm labour ▪ Management of Preterm PROM (Antibiotics) <p><u>Management of labour</u></p> <ul style="list-style-type: none"> ▪ Partograph use in labour ▪ Social support during labour ▪ Infection prevention ▪ Pain relief in labour ▪ PPH prevention, active management of 3rd stage of labour with uterotonics 	<ul style="list-style-type: none"> ▪ Prenatal steroids (NMR, RDS, IVH) ▪ ART for PMTCT (breastfeeding) 	<ul style="list-style-type: none"> ▪ Vitamin A supplementation ▪ Insecticide-treated bednets for children ▪ Feeding practice for HIV-exposed child ▪ Vaccine: H influenzae type b (Hib) ▪ Vaccine: Pneumococcal conjugate ▪ Vaccine: Rotavirus ▪ Case management of childhood pneumonia ▪ Enhanced diarrhoea management (ORS, zinc and continued feeding) ▪ Antibiotics for the treatment of dysentery in children ▪ Vitamin A as treatment of measles and pneumonia

	Maternal	Newborn (outcome)	Child
	<p><u>Postpartum interventions</u></p> <ul style="list-style-type: none"> ▪ Advice and support for breastfeeding ▪ Advice and provision of family planning ▪ Initiation of ART for HIV 		
Community level	<p><u>Pre-pregnancy interventions</u></p> <ul style="list-style-type: none"> ▪ Interventions to delay first pregnancy and promote birth spacing ▪ Peri-conceptual folic acid ▪ Prevention & management of STIs including HIV <p><u>Management of labour</u></p> <ul style="list-style-type: none"> ▪ Social support during labour ▪ Infection prevention ▪ PPH prevention, active management of 3rd stage of labour with uterotonics where childbirth care is provided by trained personnel <p><u>Postpartum interventions</u></p> <ul style="list-style-type: none"> ▪ Advice and support for breastfeeding ▪ Advice and provision of family planning 	<ul style="list-style-type: none"> ▪ Oral antibiotics for neonatal pneumonia vs no treatment (neonatal mortality) ▪ Home visits for newborn care (neonatal mortality) ▪ ART for PMTCT (breastfeeding) 	<ul style="list-style-type: none"> ▪ Exclusive breastfeeding for 6 months ▪ Continued breastfeeding up to 2 years of age ▪ Complementary feeding 6-23 months of age ▪ Vitamin A supplementation ▪ Insecticide-treated bed nets for children ▪ Case management of childhood pneumonia ▪ Enhanced diarrhoea management (ORS, zinc and continued feeding)

Notes:

- 1) Evidence for routine EPI vaccines have mixed levels of evidence; however, it is unlikely that any further trials will be done. Therefore only those recently implemented were evaluated for the level of evidence available.
- 2) Evidence on promotion of exclusive breastfeeding for 6 months, continued breastfeeding up to 2 years of age and complementary feeding 6-23 months of age need to be reviewed