

A positive postnatal experience: World Health Organization recommendations



This is a summary of the following report: *World Health Organization (2022) WHO recommendations on maternal and newborn care for a positive postnatal experience* <https://www.who.int/publications/i/item/9789240045989>

The postnatal period – defined by the World Health Organization (WHO) as beginning immediately after birth and extending up to six weeks later – is a critical window not only for newborns but also their mothers, caregivers, and extended families. However, maternal and neonatal mortality remains high globally and, despite improvements over the last few decades, more work is needed to achieve the Sustainable Development Goals on reproductive, maternal and child health. This guidance aims to improve the quality of essential, routine postnatal care for women and newborns by targeting a “positive postnatal experience” which is recognised as a significant platform for improving both short- and long-term health.

This guidance highlights 63 recommendations to improve the provision, utilisation, and experience of postnatal care. The recommendations are grouped according to maternal care, newborn care, and health systems and health promotion interventions. Interventions were also classified as ‘recommended’, ‘not recommended’ or ‘recommended under certain conditions’ based on the guidance of the Guideline Development Group (GDG) – an international group of experts who were assembled for the purpose of developing this report. The guidance includes recommendations on the following nutrition interventions: postpartum oral iron and folate supplementation; postpartum and neonatal vitamin A supplementation; vitamin D supplementation for breastfed, term infants; and exclusive breastfeeding.

The GDG recognised that any recommendations need to be delivered within an appropriate model of postnatal care, as well as being adapted to the needs of different countries and local contexts, whilst also considering the individual women, newborns, parents, caregivers, and families involved. The GDG also noted the importance of the WHO postnatal care model which places the woman-newborn dyad at the centre of care. Both the postnatal care model and the broader guidance of the GDG highlight the importance of postnatal care during the first 24 hours after birth, recommending a minimum 24-hour stay after birth in the health facility which entails continuous care and monitoring throughout.

A breakdown of the full list of recommendations can be found in the executive summary of the report.

Dying to adapt: A comparison of African healthcare spending and climate adaptation costs



This is a summary of the following report: *Tear Fund Report (2022) Dying to Adapt: A comparison of African healthcare spending and climate adaptation costs.* <https://learn.tearfund.org/en/resources/policy-reports/dying-to-adapt-a-comparison-of-african-healthcare-spending-and-climate-adaptation-costs>

The climate crisis is a global challenge, yet its costs and impacts are disproportionately felt by people living in poverty in low-income countries, those who did the least to cause it and have the fewest resources to respond to it.

Eleven countries in sub-Saharan Africa, with a total population of over 350 million people, now face climate adaptation costs that exceed their national spend on healthcare – over four times more in the most vulnerable country (Eritrea). These nations include Cameroon, Cape Verde, Chad, Republic of Congo, the Democratic Republic of Congo, Eritrea, Ethiopia, Madagascar, Mali, Mauritania, and Sudan.

The scale of climate adaptation needs continues to grow, but it is estimated that low-income countries are currently receiving as little as 10% of what they require for adaptation from international climate finance. Urgent action is needed to ensure that climate-vulnerable countries can protect themselves in advance of worsening climate shocks. In the meantime, innovative climate solutions, such as solar-powered wells and sustainably oriented farming practices, are being developed by those communities most affected by climate change. For example, in

southern Ethiopia, over 10,000 farmers are now practicing conservation agriculture, allowing crops to be grown in dry seasons. Yet, in many cases, the full impact of these solutions is being held back by a lack of finance.

In 2009, world leaders promised to deliver US\$100 billion a year from 2020 to 2025 to support low-income countries and communities to mitigate and adapt to climate change. Yet, despite many repetitions of this pledge, in 2022 this promise has still not been fully met. Of the funding that has been delivered, most has arrived in the form of loans rather than grants, adding to national debts that have already grown rapidly because of the COVID-19 pandemic.

Funding to support climate resilience in this particularly vulnerable region is long overdue. Delivering this promised finance is key to rebuilding trust in climate vulnerable communities and alleviating their suffering. Not only that, but investment in this area may offer tremendous impact where climate finance enables sustainable solutions that could unleash the great economic and innovative potential that already exists in climate-vulnerable communities, allowing them to lift themselves out of poverty.

Multiple micronutrient supplementation to improve the quality of nutrition care and prevent low birthweight



This is a summary of the following report: *UNICEF (2022) Multiple Micronutrient Supplementation: An approach to improving the quality of nutrition care for mothers and preventing low birthweight.* <https://www.unicef.org/media/123271/file>

Women across the globe consume poor-quality diets that fail to meet their nutrient requirements and put them at risk of micronutrient deficiencies. Those who suffer from anaemia during pregnancy are twice as likely to die during, or shortly after, pregnancy. Being born to an undernourished and anaemic mother also puts infants at risk of low birthweight and of subsequent wasting, stunting and developmental delays.

Multiple micronutrient supplementation (MMS) is a safe and effective strategy to improve maternal nutritional status during pregnancy, demonstrating greater benefits for reducing anaemia and preventing low birthweight than iron and folic acid alone. As part of its 2020-2030 Nutrition Strategy, UNICEF aims to support national MMS scale up.

This advocacy brief was released in early 2022 to garner support for, and commitment to, the

introduction and scale up of MMS at country level. In addition to being good value for money, the brief highlights how scaling up MMS provides opportunities to strengthen the integration and delivery of essential nutrition services in antenatal care, using MMS as a key indicator of quality of care alongside counselling; promote social equality through universal access to MMS; and enhance affordability, programme ownership and national economies through local supplement production.

To support the introduction and scale up of MMS, UNICEF is advocating for its inclusion in national policies, strategies, guidelines, and budgets, as well as supporting national coordination mechanisms. Technical assistance is also provided to generate evidence to inform the effective implementation and local production of MMS, while working to expand global supply chains and ensure robust quality control mechanisms.