

Helping Babies Breathe: From Implementation to Impact

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In this issue of *Pediatrics*, the article “Implementation of the Helping Babies Breathe Training Program: A Systematic Review” by Morris et al¹ provides a detailed review of the body of literature that has come together since the launch of Helping Babies Breathe (HBB) one decade ago. This report explores the efficacy of the HBB training program, associated newborn outcomes, implementation strategies, and quality improvement efforts to ensure that HBB achieves its intended goal. This review compiles experience from around the globe, with articles representing a diverse range of clinical environments and cultures. In the thoughtful compilation of the available literature, it is striking that publications on HBB’s impact on skill acquisition, knowledge, and practices far outnumber those on clinical outcomes. This fact highlights the need for further study of HBB’s impact, both in terms of neonatal morbidity and mortality, in the decade to come.

Although this systematic review of the literature provides insight into our experience to date, there are intangibles of HBB that are difficult to capture in this format. These include, but are not limited to, the substantial impact HBB has had globally on advocacy for newborn health, access to resources, empowerment of birth attendants, and advancing adult education.

HBB has brought together a unique group of both public and private stakeholders in novel partnerships to advocate for newborn health. Partnership with United States Agency

for International Development, the World Health Organization, and United Nations International Children’s Emergency Fund facilitated a shared agenda in reducing newborn deaths and novel relationships with Ministries of Health in Tanzania, Nigeria, and Ethiopia in particular. The low-cost equipment developed in parallel with the training program and added demand inspired increased production of products as well as access to these life-saving tools. HBB’s simplified, pictorial format and ease of translation enabled delivery to frontline birth attendants and, with acknowledgment of their key role in reducing neonatal mortality, empowered a cadre that had not always been given that respect. Midwives and birth attendants were given a voice through their participation in interactive hands-on and skills-based education, an approach that in many global health settings itself was novel. Finally, HBB’s education included and emphasized enhanced communication with parents, supporting the now growing recognition of respectful care. Many of these concepts are addressed within the listed HBB reviews and editorials but are unable to be highlighted in this article’s format.

The authors’ conclusion highlights the progress made and knowledge gained in our first decade with HBB related to the importance of training and refresher strategies to ensure retention of knowledge and skills. However, we believe that the final statement of this report that HBB is “widely believed” to improve neonatal outcomes in

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resource-limited settings could be more positive. Authors of other recent systematic reviews who focused on the impact of HBB on intrapartum-related stillbirths and early neonatal mortality found moderate quality evidence for a decrease in stillbirth and 1-day neonatal mortality after HBB training.^{2,3}

The observation that the trajectory of global neonatal mortality is not declining rapidly enough to meet the World Health Assembly's targeted neonatal mortality rates for 2020 as defined in the 2014 Every Newborn Action Plan highlights the need for an expanded focus.^{4,5} Programming to address the additional top causes of newborn mortality—prematurity and infection—needs to be implemented at scale with parallel efforts to address improvements in obstetrical care. Future programming should harness the rapid progress of technology and digital innovations. With a global pandemic challenging access to resources and provision of training, it will be important to

consider options for lower cost and lower risk virtual trainings. Our continued attention to the newborn agenda and need for adaptation is critical to assuring the provision of the highest quality care to every infant at birth and to meeting the World Health Organization's Sustainable Developmental Goal 3.2. This ambitious goal of ending preventable deaths of newborns and children by 2030 is paired with targeted neonatal mortality rate at least as low as 12 per 1000 births in all countries.⁶ We believe that HBB has played a critical role in paving the way for this next decade of work.

ABBREVIATION

HBB: Helping Babies Breathe

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