Neonatal Mortality

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Editorial

Neonatal mortality is a public health issue that affects the world's poorest and middle-income countries the most. Despite the fact that significant progress has been made in lowering newborn mortality over the last three decades, further efforts are needed to meet the 2030 SDG target. Even while neonatal mortality is decreasing globally, the rate of decline is far slower than that of post-neonatal under five deaths.

If neonatal mortality does not improve, it is anticipated that 27.8 million babies will die between 2018 and 2030. The risk of early newborn death is very high across a range of countries and circumstances, according to a study done in 186 countries. Roughly half of all newborn deaths happened within 24 hours of birth, and about a third occurred within the first 6 hours. The neonatal mortality rate was 14.9 per 1,000 live births, according to the Jordan Perinatal and Neonatal Mortality Study.

The majority of newborn deaths in low-and middle-income nations occur without a definite cause of death (i.e., prematurity). Because there are various factors that could be linked to the actual underlying cause of neonatal mortality, it is difficult to confirm the reason; nonetheless, research has classified causes into those related to maternal or foetal disorders. Neonatal mortality is frequently caused by illnesses such as tetanus or community-acquired infections that present as an emergency either soon after birth or later.

Statistics on the causes of newborn deaths and the timing of neonatal deaths is generally scant and less trustworthy than data on all-cause mortality, resulting in unclear estimates, which makes developing evidence-based strategies to reduce neonatal deaths difficult. Improved data on where and when neonatal deaths occur, as well as what causes delays, is essential for devising context-sensitive interventions. The lack of statistics on stillbirths and neonatal death in Jordan, particularly early mortality, is mostly due to the fact that some births are not recorded. Furthermore, existing sources of neonatal death data are likely to be skewed or incomplete.

In August 2019, Jordan Stillbirths and Neonatal Deaths Surveillance (JSANDS) was created and implemented in five main hospitals in Jordan as a result of this constraint. The JSANDS is a secure on-line data entry system established by researchers at a top Jordanian institution with the Jordanian Ministry of Health to collect, organise, analyse, and disseminate trustworthy data on newborn fatalities and related causes. In addition, the system keeps track of births in order to use them as a denominator in mortality calculations. The system's definitions of stillbirths and newborn deaths were based on the World Health Organization's and CDC's international standards. Due to the unavailability, incompleteness, and inconsistency of national data on the causes and risk factors of stillbirths and newborn mortality, the current study used JSANDS data to assess the rate, risk factors, and an estimate of neonatal mortality