Healthcare Organization Commitment

Contact Details

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Position
CEO

Organization Name
Newborn Foundation + Research Institute

Commitment Details

How many hospitals are represented in this commitment?

<table>
<thead>
<tr>
<th>Last Report</th>
<th>Current</th>
</tr>
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<tbody>
<tr>
<td>57</td>
<td>252</td>
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Action Plan
The Newborn Foundation is providing technical support and educational resources for public health programs and hospitals to implement routine newborn pulse oximetry screening, including: 1) Providing open source, downloadable videos, flip charts, posters and lanyards, equipment and telemedicine resources for screening. 2) Providing a robust data collection methodologies 3) Continue working with public health leaders to influence public health policies on universal screening and educate on the broader benefits of early detection of hypoxemia or respiratory issues through pulse oximetry screening as a tool with the aim of reducing neonatal mortality and morbidity from neonatal sepsis, pneumonia, congenital heart disease and other “hidden” illnesses.
Commitment Update

Following the initial launch of the BORN Project in China and the Philippines, the Newborn Foundation has successfully screened 52,000 newborns across 40 delivery sites, and trained more than 1,000 local and regional health workers and public health staff in China. In collaboration with the University of Philippines, Manila and the Philippine Department of Health, the BORN Project Philippines is screening a cohort of 78,000 newborns at hospitals covering all three major segments of the Philippines, across 26 hospitals. Following an interim report on program findings to the National Office for Health and Family Planning (MOH), the Chinese CDC and the National Office for Maternal and Child Health Surveillance, the BORN Project (Birth Oximetry Routine for Newborns) efforts resulted in the establishment of a formal national commission focused on country-wide implementation and recommendations to include pulse oximetry as a universal newborn screening standard. The announcement comes at the three-year anniversary of a joint commitment to the United Nations Every Woman Every Child initiative. The BORN Project expanded into the following countries in 2017: BORN Project China - 52,000 newborns (project data collection completed, academic (Children’s Hospital Fudan Univ) government partnership (CDC, MOH, Mianyang Health Bureau) ongoing, initial policy statement completed, national multi-state implementation program underway) - Ongoing: Sichuan, Gansu, Hangzhou, Yunnan. (Additional project: Hong Kong) Participating hospitals: 52 BORN Philippines - 78,000 newborns (University of Philippines Manila, Philippines Dept of Health, Philippine NIH) Participating hospitals: 26 BORN Pakistan - 8,000 newborns (Aga Khan University/ University of Lahore, National Maternal, Newborn and Child Health Programme, Pakistan MOH) Participating hospitals: 10 BORN India - Kerala - 110,000 newborns (1/5 of all newborns in Kerala, with Department of Health & Family Welfare and Children’s HeartLink) Participating hospitals: 100 BORN India - Delhi - 210,000 (WHO Delhi, Department of Health and Family Welfare, Govt. of NCT of Delhi) Participating hospitals: 24 BORN Peru - 36,000 newborns (Ministerio de Salud del Peru) Participating hospitals: 3 BORN Bolivia - 8,000 newborns (Ministerio de Salud Bolivia) Participating hospitals: 12 BORN Mexico - 150,000 newborns (Universidad Autónoma de Querétaro School of Medicine) Participating hospitals: 21 BORN Mongolia - 24,000 newborns (Mongolian Ministry of Health) Participating hospitals: 3 BORN Nigeria - 12,000 newborns (Nigerian FMOH, BMGF, United4Oxygen, CHAI) Participating hospitals: 3 Georgia/Azerbaijan - 50,000 newborns (Complete) - resulted in universal CCHD screening in Georgia

Other

Challenge 7 - Neonatal Safety

Please describe any best practices your organization has learned through your commitment and share valuable lessons or challenges that were overcome

Simplification is key when it comes to newborn CCHD or pulse oximetry screening. Providing better pathways for data collection and reporting are vital to accelerate public health interest and action. Sensor placement is vital, as is a description of why not all pulse oximeters are appropriate for use among the neonatal population.
## Impact Details

<table>
<thead>
<tr>
<th>Initial Commitment</th>
<th>Commitment Update</th>
<th>Project Next Year</th>
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<tbody>
<tr>
<td>Lives Lost 0</td>
<td>Lives Lost 0</td>
<td>Lives Lost 0</td>
</tr>
<tr>
<td>Lives Spared Harm Target 0</td>
<td>Actual Lives Spared Harm in last 12 months 580</td>
<td>Lives Spared Harm Target for following calendar year 7400</td>
</tr>
<tr>
<td>Lives Saved Target 0</td>
<td>Actual Lives Saved in last 12 months (might differ from initial target) 428</td>
<td>Projected Target of Lives Saved for following calendar to try to finish commitment 4200</td>
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<td>New Lives Lost (lives lost – actual lives saved) 0</td>
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### Acknowledgement

Yes, I acknowledge that this commitment may be used for external communication and publicly announced at the World Patient Safety, Science & Technology Summit. Furthermore, I agree that this commitment may appear on the website of The Patient Safety Movement Foundation or the Masimo Foundation. I also give permission for my commitment to be used in support of the promotion of the World Patient Safety, Science & Technology Summit as well as The Patient Safety Movement initiative.