

The major causes for morbidity and mortality in the 2 largest neonatal units at CB Dunbar Hospital and Martha Tubman Memorial Hospital are documented in the Tables below. These data are obtained from the neonatal unit Admissions Books only and individual cases have not been further investigated for the scope of our monitoring and evaluation. The purpose of the data is to give an overview of the demand and activity on the Neonatal Unit along with Neonatal Outcomes. In the tables below please find the data from 2022 with activity from the previous year 2021 as a comparison. Both obstetric and neonatal clinicians have been trained to provide advanced resuscitation of the newborn infant who does not breathe at birth and are training nurses and midwives in health clinics in rural counties where babies continue to be born (see information below).

MNDSR neonatal emergency hospital care CB Dunbar Hospital Liberia 2021

| Number admissions | 393 | Place birth | | Resuscitation | | Reason for admission | |
|------------------------------------|-----------|---------------------|----------------|---------------------------|--------------------|--|------------|
| Number of deaths | 51 13% | Hospital | 361 92 % | Yes | 172 44% | Anaemia | 0 |
| Discharged AMA | 0 | Clinic | 22 6% | No | 206 | Birth asphyxia | 166 |
| Referred | 0 | Home | 10 3% | Unknown | 15 | Early onset sepsis | 68 |
| Unknown outcome | 4 | Unknown | 0 | | | Late onset sepsis | 13 |
| Age at admission | | | | Duration admission | | Risk for sepsis | 115 |
| Day of birth | 315 | Birth weight | | 1-7 days | 357 | Jaundice | 1 |
| 1-2 days | 60 | ELBW (<1000g) | 2 | 8-14 days | 32 | Malaria | 3 |
| 3-7 days | 12 | VLBW (1000-1499g) | 6 | 15-21 days | 0 | Meconium aspiration | 2 |
| 8-14 days | 3 | LBW (1500-2499g) | 58 | >21 days | 0 | Tetanus | 3 |
| 15-21 days | 2 | 2500-2999g | 122 | Unknown | 4 | Prematurity | 21 |
| >21 days | 1 | 3000-3999 | 194 | | | | |
| | | 4000+ | 9 | | | Pneumonia Omphalitis Maternal HIV | 3 |
| | | Unknown | 2 | | | | |
| Reason admission for deaths | | | | | | | |
| Birth asphyxia | 39 | | | | | | |
| Prematurity | 6 | | | | | TTN | 1 |
| Tetanus | 1 | | | | | SGA, LBW FTT, Macrosomia | 2 |
| Risk of sepsis | 3 | | | | | | |
| EONS | 0 | | | | | | |
| LONS | 2 | | | | | Birth trauma Fracture Congenital anomaly | 1 |
| Jaundice | 0 | | | | | | |
| Infant of HIV + mother | 0 | | | | | | |
| Pneumonia | 0 | | | | | | |
| Low birth weight | 0 | | | | | | |

MNDSR neonatal emergency hospital care CB Dunbar Hospital Liberia 2022

| Number admissions | 639 | Place birth | | Resuscitation | | Reason for admission | |
|---------------------------------------|----------|--------------------------------------|----------------|---|---------------------------|--|------------|
| Number of deaths | 46 7% | Hospital 550 born in CB Dunbar | 560 87 % | Yes 10% received chest compressions | 245* 38% | Anaemia | 1 |
| Discharged AMA | 26 | Clinic | 49 8% | No | 383 | Birth asphyxia | 229 |
| Referred | 1 | Home | 30 5% | Unknown | 11 | Early onset sepsis | 120 |
| Unknown outcome | 2 | Unknown | 0 | | | Late onset sepsis | 37 |
| Age at admission | | | | Duration admission | | Risk for sepsis | 175 |
| Day of birth | 354 | Birth weight | | 1-7 days | 493 | Jaundice | 2 |
| 1-2 days | 221 | ELBW (<1000g) | 1 | 8-14 days | 101 | Malaria | 6 |
| 3-7 days | 40 | VLBW (1000- 1499g) | 15 | 15-21 days | 25 | Meconium aspiration | 5 |
| 8-14 days | 15 | LBW (1500- 2499g) | 135 | >21 days | 18 | Tetanus | 1 |
| 15-21 days | 3 | 2500-2999g | 172 | Unknown | 2 | Prematurity | 65 |
| >21 days | 6 | 3000-3999 | 274 | | | | |
| | | 4000+ | 19 | | | Pneumonia Omphalitis Maternal HIV | 8 |
| | | Unknown | 23 | | | | |
| Reason for admission in deaths | | | | | | | |
| Birth asphyxia | 30 | | | | | | |
| Prematurity | 4 | | | | | TTN | 0 |
| Tetanus | 0 | | | | | SGA, LBW FTT, Macrosomia | 12 |
| Risk of sepsis | 2 | | | | | | |
| EONS | 6 | | | | | | |
| LONS | 5 | | | | | Birth trauma Fracture Congenital anomaly | 1 |
| Jaundice | 1 | | | | | | |
| Infant of HIV + mother | 1 | | | | | | |
| Pneumonia | 1 | | | | | | |
| Low birth weight | 1 | | | | | | |

MNDSR neonatal emergency hospital care MTMH Liberia 2022

| Number admissions | 421 | Place birth | | Resuscitation | | Reason for admission (some multiple reasons) | |
|--------------------------------|----------------|----------------------|----------------|--------------------------------------|-------------|--|-----------|
| Number of deaths | 14 3.3 % | Hospital | 386 92 % | Yes 2 received chest compressions | 164* 39% | Congenital heart disease | 1 |
| Discharged AMA | 26 | Clinic | 25 6% | No | 251 | Birth asphyxia | 159 |
| | | Home | 6 1% | Unknown | 6 | Early onset sepsis | 43 |
| Unknown outcome | 1 | Unknown | 4 | | | Late onset sepsis | 17 |
| Age at admission | | | | Duration admission | | Risk for sepsis Sepsis undefined | 152 16 |
| Day of birth | 369 | Birth weight | | 1-7 days | 352 | Jaundice | 0 |
| 1-2 days | 23 | ELBW (<1000g) | 0 | 8-14 days | 63 | Malaria | 8 |
| 3-7 days | 10 | VLBW (1000-1499g) | 4 | 15-21 days | 3 | Meconium aspiration | 1 |
| 8-14 days | 6 | LBW (1500-2499g) | 75 | >21 days | 1 | Tetanus | 0 |
| 15-21 days | 7 | 2500-2999g | 119 | Unknown | 2 | Prematurity | 11 |
| >21 days | 3 | 3000-3999 | 212 | | | | |
| | | 4000+ | 9 | | | Pneumonia, NEC Omphalitis Meningitis Maternal HIV | 14 |
| Unknown | 3 | Unknown | 2 | | | | |
| Reason deaths admission | | Some multiple causes | | | | | |
| Birth asphyxia | 8 | | | | | | |
| Prematurity | 0 | | | | | TTN | 0 |
| Tetanus | 0 | | | | | SGA, LBW FTT, Macrosomia | 13 |
| Sepsis NR | 2 | | | | | | |
| EONS | 1 | | | | | | |
| LONS | 0 | | | | | Birth trauma Herbal toxication Fracture, anaemia Congenital anomaly | 4 |
| Jaundice | 0 | | | | | | |
| Malaria | 1 | | | | | | |
| Pneumonia | 2 | | | | | | |
| Low birth weight | 1 | | | | | | |