

South-East Asia Network for Newborn & Birth Defects

Quarterly Newsletter



WHO Collaborating Centre for Training and Research in Newborn Care
Collaborating Centre for Training in Clinical Laboratory Genetics in Developing
Countries Department of Pediatrics
AIIMS, New Delhi, India

Supported by World Health Organization, Regional Office for South East Asia &
National Center on Birth Defects & Developmental Disabilities, CDC, USA

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Progress in SEAR-NBBD



World Health
Organization
Regional Office for South-East Asia

SEAR-NBBD
(Newborn and Birth Defects Database)



About 250 hospitals from 10 countries in the Region are currently registered with the NBBD Surveillance network and 115 hospitals from 7 countries are reporting online data on birth defects since 2014, in starting years, we gave financial support to the countries and now only one country is being partially, and one fully being supported financially, however technical and IT support is being provided to them all.

This surveillance network in collaboration with CDC-USA also provides the necessary training and monitoring required to run the system effectively.

Capacity building in birth defects surveillance

A series of training workshop at regional and country levels have been organized to build capacity of country teams in birth defects surveillance using the regional training manual and atlas. Subsequently, multiple refresher trainings have been offered to continuously improve the surveillance and data quality.

Birth defects surveillance in the countries

National trainings in birth defects surveillance have been undertaken in countries of the Region. Subsequently, multiple refresher trainings have also been supported in the network hospitals in the countries.

SEAR-NBBD: Data Management

WHO-SEARO has sustained the platform for the hospital-based database for online reporting of data on birth defects, stillbirths and newborns from enrolled hospitals in the SEAR countries. The database has been progressively improved and presently has no major challenges in terms of inputting data, storing and retrieving data.

Capacity building in improving and maintaining quality of data in the NBBD Database has been undertaken. A system of verification of birth defects forms has been established with all forms being verified at hospital level by the hospital nodal person (First level verification). Second level verification is done online by the network coordinator at country level. The forms are checked for completeness and accuracy of all variables, description and ICD coding of birth defects.

From the regional level the performance of network hospitals is regularly monitored, and alerts sent to improve performance.

Regional level analysis of reported data is undertaken regularly and shared with stakeholders. Support is provided to build capacity for data analysis at country level and hospital level.

WHO has supported the participating hospitals in presenting their experience with surveillance and data analysis in national and international conferences like International Conference on Birth Defects (ICBD).

Regional meetings for reviewing progress in surveillance and programmes for prevention and care of birth defects

Since 2013 WHO SEARO has supported organization of annual regional meetings under the agreement with CDC Atlanta to review progress in surveillance of birth defects, capacity building, experience sharing and planning actions for improvement and expansion. This has been very effective in sustain the efforts of birth defects surveillance, prevention and management in the Region. Country teams have learnt best practices and problem-solving strategies from each other. Hands on training have been offered to country coordinators of birth defects surveillance during these meetings on monitoring performance of case reporting from hospitals, and data verification to maintain good quality of data.

Publications



Therapeutics and COVID-19: living guideline

The WHO *Therapeutics and COVID-19: living guideline* contains the Organization's most up-to-date recommendations for the use of therapeutics in the treatment of COVID-19. The **latest version** of this living guideline is available in [pdf](#) format (via the 'Download' button) and via an [online platform](#), and is updated regularly as new evidence emerges.

[Read full text](#)



Modelling the health impacts of disruptions to essential health services during COVID-19

Coronavirus disease 2019 (COVID-19) has a wide range of documented effects. It directly causes death and disability for some people infected. However, disruption to essential health services, resources allocated to mitigation and therefore away from essential health service delivery, and the overall impact on the economy and society must also be considered within the response to COVID-19. Understanding the magnitude of all of these effects is an essential part of developing mitigation policies.

[Read full text](#)



Covid-19 Vaccines: safety surveillance manual. Module on safety surveillance of COVID-19 vaccines in pregnant and breastfeeding women

The module provides an overview of factors to consider when monitoring the safety of COVID-19 vaccines administered to pregnant and breastfeeding women. It describes how national routine AEFI surveillance should be adapted to cater for this specific group of population using both passive and active surveillance methods. Specific considerations and limitations of each method are provided as well as tools for implementation.

[Read full text](#)

COVID-19 Research and Innovation Achievements

World Congress of Epidemiology WCE 2020

3-6 September 2021

Melbourne, Australia

[Click for more information](#)

47th ICBDSR Annual Meeting 2020

October 2021

Bologna, Italy

[Click for more information](#)

Driving Change in Stillbirths, SIDS, and Infants deaths

11-12 Nov, 2021

Brisbane, Australia

[Click for more information](#)

International Conference on Fetal and Neonatal Medicine

16-17 December 2021

Barcelona, Spain

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