World Health Organization

World Patient Safety Day 17 September 2025

World Patient Safety Day goals 2025

Safe care for every newborn and every child

Introduction

'Safe care for every newborn and every child', with the slogan 'Patient safety from the start!' is the theme of World Patient Safety Day 2025. Celebrated annually on 17 September, the day aims to raise public awareness, enhance global understanding and mobilize action to eliminate avoidable harm in health care in a priority area highlighted by the theme.

Children, especially newborns and children under nine years of age, are at particular risk within the complexity of health care delivery, given their evolving development, specific health needs, and disease patterns. Without health care that is specifically adapted to their age, weight, health condition and life context, young children are more susceptible to avoidable harm. Children depend on adults to speak up, advocate and make decisions on their behalf. Children may also face added challenges depending on their socio-economic circumstances, such as not being able to get the care they need. Keeping children safe within health care depends on the collective efforts of health workers, parents, families and other caregivers, working together to understand and respond to their unique needs. It also relies on the support of health systems and organizations that enable safe care by ensuring access to the right training, appropriate tools and robust support systems.

To support this year's World Patient Safety Day campaign, five goals are proposed that address the most pressing safety concerns for this age group, namely: to engage children and families; to enhance medication safety; to improve diagnostic safety; to prevent health care-associated infections; and to reduce risks for small and sick newborns.

This document does not present new World Health Organization (WHO) clinical or operational guidance. All of the suggested actions in this document are based on existing WHO guidance, collated and summarized here for ease of reference, and aimed to steer actions and drive improvements in safety practices by health workers, managers and policy-makers, as well as by parents, families and other caregivers.

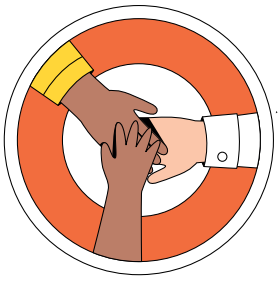
Each goal is introduced by a short rationale and supported by a number of suggested actions, organized into six categories: ***People*** – actions to support those providing care; ***Tasks*** – key activities required by health care providers; ***Tools and technology*** – job aids, equipment, commodities and technological support needed to ensure safe care; ***Workplace environment*** – the conditions, infrastructure, layout and organization of the care setting; ***Organization*** – the policies and systems that enable effective implementation of safe care; and ***Measures*** – tracers, milestones, or indicators used to track progress. Each goal concludes with details of the relevant WHO resources that provide the basis of the recommended actions.

Health workers, caregivers and advocates are encouraged to actively align these goals within their work and practice and set targets that drive measurable improvement within these areas. Policy- and decision-makers are urged to integrate these goals within the strategies, plans and initiatives aiming to improve service delivery, patient safety and the health of newborns and children.

World Patient Safety Day goals 2025

Safe care for every newborn and every child

Goal 1



Engage children and families

Goal 2

Enhance medication safety

Goal 3

Improve diagnostic safety

Goal 4

Prevent health care-associated infections

Goal 5

Reduce risks for small and sick newborns

Goal 1 Engage children, parents and families

Rationale

Children, parents[1] and families play a vital role in making health care safer. Parents are often the first to notice changes in their child's condition, and children themselves can contribute, when engaged in age- and developmentally-appropriate ways. However, they are not always invited to participate and their voices are rarely properly heard, which can lead to harm. Many also experience fear, confusion or pain in health care settings.

Health services must foster a culture where families are welcomed as partners, and children are supported to participate in their own care. Every effort should be made to ensure that children's conditions and treatments are explained in an understandable way and to minimize their fear and pain while receiving medical care.

Suggested actions

People

1. Support health workers' competency development in patient and family engagement.
2. Raise awareness among children, their parents and families about their role in ensuring safe care, using appropriate language and formats.
3. Build the capacity of parents to participate meaningfully in health care facility committees.
4. Allow parents to remain with their child at all times, including during medical procedures, whenever medically appropriate and aligned with the child's best interests.
5. Address misinformation, including, for example, vaccine hesitancy, by engaging with people empathetically, listening to their concerns, asking open-ended questions, sharing accurate and trusted information and providing practical guidance on accessing services.

Tasks

1. Greet children and families, introduce yourself by name and role and address them by name, to build rapport.
2. Provide timely, understandable and culturally sensitive information about the child's condition and care plan, using age-appropriate and accessible formats.
3. Engage parents and, where appropriate, children in care planning and decision-making, ensuring they fully understand the information and options available to them.
4. Ensure the views of children and parents are considered throughout care processes, including during handovers and discharge planning.
5. Promptly address concerns raised by children and parents, through reporting or escalation processes.
6. Upon discharge, provide a clear verbal and written summary of the child's condition, care received and follow-up plan.

Tools and technology

1. Use patient engagement tools such as the *WHO 5 Moments for medication safety*, to involve patients in their care.
2. Equip consulting rooms with visual resources (e.g., models, charts, posters, videos, electronic materials), to help health workers explain care to children and their parents.

1. The term 'parents' is used broadly in this document, to include parents, family members and designated caregivers who are closest to the child and supporting their care.

3. Apply methods such as play and distraction to reduce pain experienced by children during interventions.
4. Use secure identification methods (e.g. tamper-proof ID bands) for all newborns and children.
5. Ensure the availability of age-appropriate equipment and supplies.

Workplace environment

1. Provide developmentally- and age-appropriate furnished spaces for children, including areas for care, play, learning, and emotional support.
2. Design health facilities to ensure dedicated care areas for children, separate from those for adult patients.
3. Make spaces available and accessible for families, including those with disabilities or facing literacy or language barriers.
4. Ensure the workplace environment supports parents' presence by offering accessible spaces, such as breastfeeding rooms.
5. Implement child-specific safety measures, such as non-slip floors, covered electrical outlets and safe furniture.

Organization

1. Provide accessible channels for children and families to share care experiences and raise safety concerns, with clear procedures for care escalation.
2. Implement policies for informed consent, access to children's medical records and timely incident disclosure.
3. Establish systems to ensure accurate and timely information exchange among staff and with children and families.
4. Implement a rooming-in policy that allows parents to stay with their child at all times and ensures accommodation close to the child's bed.
5. Establish mechanisms such as family advisory councils, and appoint family representatives to boards or committees, in line with WHO's quality of care standards.
6. Embed child and family engagement principles into institutional policies, strategic plans and patient safety charters to define child and family rights, roles and responsibilities.
7. Engage parents in the co-design of patient safety initiatives and improvement projects, and partner with civil society organizations to support collaboration and shared learning.

Measures

- Patient/family-reported outcomes (PROM)
- Patient/family-reported experience (PREM)
- Proportion of children/caregivers satisfied with the quality of health information and support received from staff
- Proportion of governing boards and key committee meetings with at least one patient representative.

Links to the relevant WHO resources

- Patient Safety Rights Charter
- Engaging patients for patient safety: advocacy brief
- Standards for improving the quality of care for children and young adolescents in health facilities
- Standards for improving quality of care for small and sick newborns in health facilities
- WHO Patients for Patient Safety programme
- The importance of caregiver–child interactions for the survival and healthy development of young children: A review
- Patient safety curriculum guide: multi-professional edition
- 5 Moments for medication safety

Goal 2 Enhance medication safety

Rationale

Medication use in children presents unique challenges. Each step of the medication use process carries specific risks for newborns and children. The likelihood of error increases in children because dosing of the medication is based on the child's age and weight, requiring individual calculation each time. Even small dosing errors can pose a greater risk of harm compared to adults. This risk is further heightened by the use of unlicensed or off-label medications. Another challenge is the limited availability of age-appropriate formulations. Consequently, adjusting or manipulating medicines to achieve a suitable dose introduces additional risks related to stability, bioavailability and dosing accuracy.

Suggested actions

People

1. Design and implement measures to enhance patient medication literacy and ensure access to tools that support safe medication use.
2. Train health care workers on reporting medication errors through the available pharmacovigilance and patient safety incident reporting and learning systems.
3. Educate parents or other caregivers on proper medication use, by providing clear instructions, using demonstrations and culturally-sensitive resources to explain dosage, possible side-effects, and when to seek advice, for instance, by using the *5 Moments for medication safety* tool.
4. Educate all concerned health workers on safe medication practices, including paediatric dosing calculations.

Tasks

1. On every prescription, include the prescriber's name and contact details, the patient identifier (neonate/child and parent), date, approved drug name, dose, strength and duration.
2. Ensure the rational use of medicines, prescribing only those that are necessary, effective and tailored to the child's individual needs.
3. Double-check all high-risk medications using an independent, second trained and qualified verifier, before dispensing and prior to administration.
4. Strengthen medication review and reconciliation processes to reduce medication errors.
5. Verify medication authenticity through batch-number checks, tamper-evident packaging and, where available, barcodes to guard against counterfeit or substandard drugs.
6. Always ensure the right patient, right medicine, right dose, right route, right duration, right frequency, right labelling, right storage conditions, during storage, dispensing, preparation and administration of medicines.

Tools and technology

1. Equip every neonatal and paediatric area with age-appropriate weighing scales and electronic calculators, to ensure accurate weight measurement and dosage calculations.
2. Use standardized charts for the dilution of common medications.
3. Implement electronic prescribing with computerized provider order entry and barcoded dispensing, where feasible.
4. Where possible, integrate electronic health records with decision-support tools, such as automated dose calculation pop-ups and alerts.

Workplace environment

1. Minimize interruptions and distractions for health workers during prescribing, dispensing, preparing and administering medicines, such as by implementing designated "no-interruption" zones.
2. Provide a clear, well-organized workspace with adequate lighting and effective noise protection.
3. Ensure that high-risk medications are stored in a controlled environment with access restricted to authorized staff only.
4. Organize the storage of look-alike, sound-alike (LASA) medicines by placing them in distinct, clearly labelled areas. Use clear labels with "tall man" lettering (TML) for medicines that are easily confused.

Organization

1. Establish mechanisms within the facility to implement the third *WHO Global Patient Safety Challenge: Medication without harm*, starting with assessment and agreement of priority actions, that consider national guidance and priorities.
2. Develop and implement guidelines, protocols and standard operating procedures for the safe and rational use of antibiotics and other medications, tailored to the weight and age of neonates and children.
3. Systematically monitor medication errors using electronic medical records, where possible, especially in high-risk areas like neonatal intensive care units.
4. Establish reliable supply chains by maintaining minimum stock thresholds and conducting regular inventory checks to prevent stockouts and the use of expired products.
5. Monitor progress in reducing medication-related harm across the facility's services.
6. Use paediatric formulations of essential medicines aligned with the *WHO Model list of essential medicines for children*. Ensure the availability of age-appropriate medicines and supplies for children to provide safe and effective treatment.
7. Standardize patient identification across the organization by implementing measures such as using standardized ID bands and mandating the use of at least two identifiers to verify a patient's identity.

Measures

- Proportion of children admitted to the health care facility who experienced a medication error.
- Proportion of patients[2] receiving medication reconciliation
- Proportion of patients with at least one outstanding unintentional discrepancy.
- Proportion of children seen at the health facility who received unnecessary oral or parenteral medicines.

Links to the relevant WHO resources

- Promoting safety of medicines for children
- 5 Moments for medication safety tool
- Medication safety in transitions of care
- Medication safety in high-risk situations
- Medication without harm: Policy brief
- WHO Patient Safety Curriculum Guide: Multi-professional Edition
- Medication safety for look-alike, sound-alike medicines
- Web Annex B. WHO Model List of Essential Medicines for Children – 9th List, 2023
- Patient safety solutions

2. As per various age groups of newborns and children.

Goal 3 Improve diagnostic safety

Rationale

An accurate and timely diagnosis is the foundation on which safe medical care rests. The diagnostic process involves many steps, including the patient's initial presentation; history-taking and examination; diagnostic testing, discussion, and communication of results; collaboration and coordination; final diagnosis and treatment plan; follow-up, re-evaluation and final outcome. Errors can occur at any of these stages.

Sick children can present very differently from adults, making paediatric diagnosis especially complex. Diagnostic errors can include missed, incorrect or delayed diagnoses, or a failure to communicate the diagnosis to the patient or family. They can worsen patient outcomes and at times lead to prolonged or severe illness, disability, or even death, as well as increased health care costs.

Suggested actions

People

1. Familiarize yourself with vital signs measurements typical of different age groups, common childhood illnesses and how they typically present.
2. Strengthen diagnostic skills with continuous education and training, to stay updated on the latest diagnostic techniques, evidence-based practices and algorithms.
3. Improve clinical reasoning skills by engaging in reflective practice and using diagnostic simulations, checklists and other tools.
4. Practice self-awareness and regularly perform self-checks to identify and address any cognitive biases or errors in diagnostic process.
5. Always bear in mind potential diagnoses that may have been missed or overlooked.
6. Consult with colleagues and seek a second opinion, particularly when dealing with complex and challenging cases.
7. Know the diagnostic equipment and tools available in the facility or location.

Tasks

1. Ensure that a comprehensive and age-appropriate history is taken for every child, covering presenting complaints, symptom details, personal and family background, feeding and developmental history, and relevant social and environmental factors, in alignment with guidelines and clinical practices.
2. Follow evidence-informed guidelines, protocols and diagnostic pathways, with clear criteria for investigations.
3. Develop and routinely use a structured approach to differential diagnosis, to ensure accurate identification of illnesses, while recognizing that a child may present with multiple conditions.
4. Always listen to the parents' and children's concerns and actively ask about the child's health and treatment progress.
5. Establish and comply with clear protocols for maintaining patient sample identities throughout pre-analytical, analytical, and post-analytical processes.
6. Provide clear protocols for questioning laboratory results or other test findings when they are not consistent with the patient's clinical history.
7. Report all diagnostic errors through reporting and learning systems, or equivalent.

8. Routinely analyse diagnostic errors through non-punitive, team-based discussions, and conduct formal root cause analyses to promote learning and improvement.

Tools and technology

1. Implement electronic health records with an integrated clinical decision support system, where possible.
2. Use checklists and cognitive aids to generate appropriate differential diagnoses.
3. Improve access, organization and display of clinical information to reduce cognitive burden, minimizing distractions.
4. Leverage technologies to strengthen diagnostic reasoning, weighing diagnostic probabilities, prepare diagnostic plans to detect errors early, and ensure timely follow-up with patients.
5. Provide tools for collaborative diagnosis, including through telemedicine and electronic consultations, especially for challenging cases.

Workplace environment

1. Design workspaces to minimize distractions and interruptions during diagnostic work.
2. Ensure easy access to point-of-care diagnostic and laboratory equipment, such as X-ray, including mobile units for sick newborns, ultrasound, and essential lab tools, and that these are available and functioning.
3. Ensure adequate infrastructure and a well-lit, well-ventilated and private environment, to support effective patient examination, assessment and consultation.
4. Design and improve the layout of patient care areas to facilitate the direct observation of patients.

Organization

1. Create a transparent and blame-free culture of safety were health practitioners, patients and parents feel free and supported when reporting diagnostic errors.
2. Ensure the availability and use of up-to-date diagnostic guidelines, protocols and standard operating procedures aligned with WHO guidelines and standards.
3. Promote teamwork and shared decision-making by engaging all stakeholders throughout the diagnostic process, including the patient and family.
4. Put into place systems of regular monitoring and reassessment for the early identification and management of any deterioration, complication or adverse treatment outcome.
5. Make sure that health workers have a dedicated workspace and uninterrupted, adequate time to appropriately examine and assess patients.
6. Implement a standardized approach to handover communication during staff shift changes and patient transfers between care units

Measures

- Missed or delayed diagnosis
- Proportion of all children with general danger or emergency signs or injuries who were assessed within 15 min of arrival at the facility
- Proportion of all children admitted to the health facility with fever, for whom a documented differential diagnosis was appropriately investigated.

Links to the relevant WHO resources

- Diagnostic errors: technical series on safer primary care
- World Patient Safety Day 2024 (Campaign on diagnostic safety)
- Pocket book of hospital care for children: Second edition
- Operational guide for facility-based audit and review of paediatric mortality
- Patient safety solutions

Goal 4 Prevent health care-associated infections

Rationale

Newborns and children are especially vulnerable to health care-associated infections (HAIs). The main causes include insufficient application of standard infection control procedures, insufficient equipment and supplies, prolonged and/or incorrect use of invasive devices, high-risk procedures, poor infrastructure, overcrowding, and underlying immune-suppressed conditions.

The prevention of HAIs requires attention to every stage of inpatient care of the newborn and child. Standard precautions must be followed during all patient care interactions, regardless of the patient's known or suspected infection status, to ensure safety and prevent the spread of infections within the health care facility.

Sepsis remains under-recognized across all age groups, and early identification of warning signs, combined with the implementation of evidence-based care, is essential for improving outcomes.

Suggested actions

People

1. Align the nurse/patient ratio to prevent HAI.
2. Provide annual infection prevention and control (IPC) in-service training on facility IPC standard operating procedures for all health workers (e.g., physicians, nurses, cleaning staff), who interact with children.
3. Provide education to parents about their role in HAI prevention.
4. Actively involve service users in care processes, such as kangaroo mother care (KMC).
5. Ensure the vaccination of all health workers at risk against all vaccine-preventable infections, as per national immunization policies.

Tasks

1. Assess the risk of exposure to blood and body fluids, secretions/excretions, splashes and/or sprays or contaminated surfaces, before any health care activity.
2. Perform hand hygiene the right way and at the right time, according to the WHO 5 Moments.
3. Select personal protective equipment based on a risk assessment, replace if damaged, soiled or wet, and remove and discard when leaving the patient's room, and then perform hand hygiene.
4. Use sterile items and equipment for all aseptic procedures and apply the aseptic technique for the insertion and maintenance of invasive devices, as well as for surgical procedures, wound dressing and similar clinical activities.
5. Always use a sterile syringe and needle to withdraw and reconstitute medications, and never leave a needle in the septum of a vial. Discard used needles in the safety box.
6. Implement cleaning and disinfection schedules (with consistent supply of consumables) for surfaces, equipment and patient rooms/isolettes.
7. Treat waste contaminated with blood, body fluids, secretions and excretions as hazardous, infectious waste, in accordance with local regulations.

Tools and technology

1. Ensure appropriate supplies and equipment for the cleaning, disinfection and sterilization of reusable medical equipment and devices.

2. Ensure a reliable energy supply to support water pumping, operate health care waste management technologies, and provide adequate lighting for sanitation facilities.
3. Post reminders in the workplace to promote IPC actions, such as prompts beside sinks, for performing correct hand hygiene.
4. Ensure an adequate supply of clean and sterile medical supplies and equipment.

Workplace environment

1. Ensure the health facility has a functioning, improved water source, sufficient for drinking, handwashing, food preparation, personal hygiene, medical activities, cleaning and laundry.
2. Ensure access to hand-washing stations with soap and single-use hand towels and/or alcohol-based handrub at the point of care and within five metres of sanitation facilities.
3. Design paediatric and neonatal intensive care units following recommended space and staffing guidelines.
4. Ensure adequate facilities for the safe disposal of health care waste, including safe use and disposal of sharps.
5. Install ventilation systems to reduce the risk of airborne infections.
6. Ensure bed occupancy does not exceed the facility's standard capacity, to prevent overcrowding and reduce the risk of HAI.

Organization

1. Establish a well-resourced, active IPC programme and at least one designated trained staff member.
2. Implement guidelines and protocols on standard and transmission-based precautions, including proper hand hygiene, environmental and equipment cleaning, aseptic techniques, and safe device management during clinical procedures (e.g. injection safety, use of indwelling catheters and other invasive procedures).
3. Use multimodal improvement strategies to implement IPC interventions regarding hand hygiene, injection safety, environmental cleaning, reprocessing of medical instruments/devices, HAIs, for instance.
4. Implement facility-based HAI surveillance, including AMR monitoring, to guide IPC interventions and detect outbreaks, ensuring the timely feedback of results.
5. Conduct regular monitoring and audits of health care practices like hand hygiene, central line insertion and environmental cleaning, against IPC standards, and provide timely feedback.
6. Document and communicate key IPC performance indicators, such as restricted antibiotics use and culture-positive sepsis rates, with visual displays for relevant audiences and stakeholders, in a manner that they can understand.

Measures

- Culture-positive sepsis rates
- Sepsis-related case fatality rate
- Central line-associated bloodstream infections (CLABSI) and ventilator-associated pneumonia (VAP) rates
- Increased length of stay related to HAIs
- Hand hygiene compliance rates
- Compliance with central line insertion bundle
- Compliance with PPE use during transmission-based precautions
- Environmental cleaning compliance.

Links to the relevant WHO resources

- Infection prevention and control in maternal and neonatal care
- Infection prevention and control in-service education and training curriculum
- Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level
- Minimum requirements for infection prevention and control programmes
- Standards for improving the quality of care for children and young adolescents in health facilities
- WHO multimodal improvement strategy
- Your 5 moments for hand hygiene care in a maternity unit
- Standard precautions for prevention and control of infections

Goal 5 Reduce risks for small and sick newborns

Rationale

Newborns who are born too soon, too small, or become sick, face the highest risk of disability and death. Many of the conditions related to prematurity, intrapartum brain injury, severe bacterial infection or pathological jaundice, can be prevented and managed with safe care.

Improving newborn safety, especially for small and sick newborns, requires skilled health professionals, continuous training, context-appropriate care solutions – from approaches like KMC to NICU support and clear team roles to reduce errors and ensure safe care. Standardized protocols for triage, emergency response, medication use, infection prevention, and monitoring of at-risk newborns are all essential to minimize avoidable harm.

A safe care environment, including access to properly-working equipment, adequate spacing, effective hygiene, and family involvement, further protects newborns from preventable risks.

Suggested actions[3]

People

1. Maintain sufficient numbers of licensed health professionals competent in newborn care, with appropriate skill mixes.
2. Include parents as contributors to the newborn care team, discussing treatment options, and where possible, involving them in care.
3. Provide in-service training and annual refresher sessions for health workers involved in the care and management of small, sick, and high-risk newborns.
4. Minimize the rotation of nurses with neonatal skills.

Tasks

1. Establish a well-equipped newborn corner at every delivery point.
2. Establish a system for immediate emergency care with 24-hour triage, ensuring that a comprehensive initial assessment is conducted, by appropriately trained staff, within 15 minutes of arrival.
3. Identify all at-risk newborns as soon as possible after birth or on presentation.
4. Protect all newborns receiving care with standard precautions to prevent health care-associated infections, with enhanced measures during outbreaks and pandemic situations, including a cleaning plan.
5. Regularly review preterm newborns (≤ 32 weeks gestation) on respiratory support, to ensure oxygen saturation remains within the safe range of 90–95%.
6. Administer medications only when indicated, using the correct route, composition, and dose. Regularly reassess the need, and record and manage any adverse reactions appropriately.
7. Provide blood transfusions only when indicated, ensuring blood appropriateness, recording the volume, and monitoring the newborn before, during and after the transfusion.
8. Actively promote breastfeeding and early delivery of colostrum to newborns.
9. Follow a standardized protocol for central line insertion, maintenance and removal.
10. Implement a standardized handover communication approach across health care organizations, using techniques such as SBAR (situation, background, assessment, and recommendation).

3. While the actions listed in this goal apply to the care of all newborns and children, they are particularly critical when caring for small and sick newborns, where the risk of harm is higher. Therefore, these actions are highlighted as part of this goal.

Tools and technology

1. Have essential equipment and supplies for the assessing and monitoring of neonates (e.g. weighing scales, thermometer, blood pressure measuring device, blood glucose and oxygen saturation tests).
2. Display visible emergency care aids (e.g. standardized algorithms or protocols, medicines, fluids and treatment dosage wall charts) in the designated emergency care areas.
3. Ensure equipment user manuals and instructions are easily available, such as job aids on the correct use of equipment.

Workplace environment

1. Reduce overcrowding in newborn units by ensuring there is just one newborn per cot or incubator, and maintain standard spacing between cots or incubators.
2. Designate an area to provide KMC and family-centred care that ensures privacy for newborns and their families, with seamless access.
3. Ensure the neonatal unit or designated newborn care areas, including kangaroo mother care (KMC) units, and rooming-in facilities, have a functioning newborn resuscitation table, incubators, cots for small and sick newborns, and appropriate furnishings for carers.
4. Provide care for sick newborns in an appropriate dedicated area which is safe, secure and well-maintained, as well as appropriately lit and well-ventilated with adequate water, sanitation, waste management, energy supply, medicines and medical supplies.
5. Ensure that the surgical services of the health facility have dedicated recovery and hospitalization areas for newborns that are located close to the newborn unit.
6. Maintain an energy and fuel plan with a reliable primary power source and backup to meet all newborn facility infrastructure electricity needs, at all times.
7. Organize a designated emergency care area, room or trolley in the outpatient area and wards equipped with appropriate neonatal equipment, supplies and essential medicines for emergency resuscitation and initial treatment.
8. Provide at least one functioning hand hygiene station with soap, water and alcohol-based handrub at the entrance to every unit and in all rooms used for caring for newborns.
9. Maintain adequate safety measures, including secure windows and doors, functional fire extinguishers on each floor, and in all areas a clearly displayed emergency evacuation plan and sufficient external barriers to prevent unauthorized entry.

Organization

1. Ensure standard operating procedures are in place to authorize nurses with neonatal training to perform specified interventions, in accordance with national standards.
2. Ensure that all preterm newborns and their parents are supported to initiate and maintain KMC.
3. Apply standard operating procedures for disinfection of reusable neonatal equipment, including nasal prongs, self-inflating bags and face masks, as well as incubators, phototherapy units and other neonatal equipment.
4. Implement guidelines and protocols to prevent and manage complications related to the use of health care equipment, devices and practices, (e.g., skin erythema, skin breakdown, pressure sores, nasal trauma, tissue injury).
5. Implement regular team walk-throughs and discussions to review progress, enhance situation awareness, identify risks and address safety challenges.
6. Facilitate inter-professional collaborative practice, with clear roles and responsibilities for quality improvement.
7. Designate a team or individual to lead initiatives for improving the quality of care in the facility.
8. Hold monthly meetings to review data, monitor performance, address problems, recognize good performance and support staff or teams in improving quality.

9. Provide mechanisms to support staff caring for small and sick newborns, including appropriate working hours, optimal newborn-to-staff ratios and emotional support.

Measures

- Proportion of newborns admitted with infections proven to be associated with health care
- Proportion of families satisfied with cleanliness
- Proportion of mortality of preterm babies in the first 7 days of life
- Proportion of all small and sick newborns fed exclusively on their mother's milk
- Rates of complications of retinopathy, intracranial haemorrhage and enterocolitis.

Links to the relevant WHO resources

- Standards for improving the quality of care for small and sick newborns in health facilities
- WHO recommendations for care of the preterm or low-birth-weight infant

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Quality of care and patient safety team
World Health Organization
20 Avenue Appia
1211 Geneva 27
Switzerland
Email: patientsafety@who.int
Website: https://www.who.int/campaigns/world-patient-safety-day/2025