



Analysis of Stillbirth and Neonatal Surveillance in Jordan: Factors, Causes, and Rates

Edelman Hodinka*

Department of Epidemiology, Jordan University, Amman, Jordan

DESCRIPTION

Neonatal mortality is a global public health issue, particularly in underdeveloped nations. Although significant success has been made in lowering new born mortality over the past three decades, additional measures are still required to make progress even faster in order to meet the 2030 SDG target. Even though neonatal mortality is declining globally, it is doing so at a much slower rate than post-neonatal under-five mortality.

The risk of early new born death is very high in a variety of nations and circumstances, according to a study done in 186 countries. The majority of new born deaths in underdeveloped nations happen without a known cause of death. Although there are numerous factors that could be connected to the precise underlying cause of neonatal mortality, literature has divided causes into those related to maternal or foetal disorders, making it difficult to determine the reason. New born deaths frequently result from a sickness that manifests as an emergency, either right away after birth or later, caused by infections like tetanus or infections acquired in the community. The development of evidence-based treatments to prevent new born deaths is significantly hampered by the fact that data on the causes of neonatal deaths and the chronology surrounding neonatal fatalities are frequently scarce and less trustworthy than statistics on all-cause mortality. Designing context-specific communities and strategies need better data on where neonatal deaths occur, when they do, and what delays are caused by. The gestational age at birth is one of the most effective indicators of neonatal mortality.

Infant mortality varies significantly between those born at 24 weeks and those born at term, highlighting the major negative

effects of immaturity on neonatal survival. Hence, a factor that raises preterm births will also raise infant mortality. Congenital defects, birth trauma, birth asphyxia, and hospital-acquired infections are additional causes of neonatal death. Several maternal and neonatal risk factors for new born mortality were also revealed by a countrywide investigation conducted by Batiha and colleagues in 2016. Preterm birth, low birth weight, gestational age before 37 weeks, preeclampsia, maternal age 20 years, history of new born mortality or stillbirth, history of congenital abnormalities, and maternal age 20 years were among these risk factors. Accurately describing and reporting neonatal deaths is the first step in determining the scope, cause, and risk factors of these significant events.

To lower perinatal morbidity and mortality and increase survival for preterm infants and other high-risk new borns, a plan for a regionalized and coherent perinatal network should be devised. Data on mortality have to be accessible by geographic region, whether rural or urban, place of death, timing, underlying cause, and other information like socioeconomic status. Stakeholders can use this to identify priorities, make plans, and track progress. The lack of statistics on newborn mortality, particularly early death, in Jordan is typically attributed to the fact that some births are not recorded. Also, it's possible that the current sources of information on newborn death are biased. Modeling of NMR is still required for the establishment and monitoring of public health priorities due to the lack of trustworthy and standardized vital registry and administrative data in many countries. The majority of neonatal fatalities occur without a death certificate, while over 30% of children under the age of five lacks a birth certificate. Hence, for monitoring progress and taking the necessary changes, creating a reporting system for new born mortality is essential.

Correspondence to: Edelman Hodinka, Department of Epidemiology, Jordan University, Amman, Jordan, E-mail: Edelmanhodinka@gmail.com

Received: 02-Jan-2023, Manuscript No. JNB-23-20413; **Editor assigned:** 06-Jan-2023, Pre QC No. JNB-23-20413(PQ); **Reviewed:** 20-Jan-2023, QC No. JNB-23-20413; **Revised:** 25-Jan-2023, Manuscript No. JNB-23-20413(R); **Published:** 03-Feb-2023, DOI: 10.35248/2167-0897.23.12.395.

Citation: Hodinka E (2023) Analysis of Stillbirth and Neonatal Surveillance in Jordan: Factors, Causes, and Rates. *J Neonatal Biol.* 12:395.

Copyright: © 2023 Hodinka E. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.