Expanding Maternal and Neonatal Survival (EMAS)

Background: Indonesia, an archipelago nation of over 17,000 islands, is an emerging economic leader in Southeast Asia. Despite its economic status nearly 80,000 neonates die yearly, putting Indonesia in the top 10 countries with the highest neonatal mortality rate. Fifty percent of children who die under age 5 years die in the neonatal period. Maternal deaths reach 10,000 per year or 228/100,000 people, which is the highest anywhere in Southeast Asia. To address these needs EMAS was formed as a partnership between several different organizations including USAID, JHPIEGO and Save the Children to collaborate directly with the Indonesian government and Indonesian Pediatric Association. EMAS is working in 30 districts, which includes 150 hospitals and 300 health centers (Puskesmas). Within this vast geographic area it was determined that 70% of maternal deaths and 75% of newborn deaths occur in Java and Sumatra alone, defining these regions as the priority area for interventions to target neonatal and maternal survival.

Objectives: EMAS focuses on the following:
1. Works to make sure hospitals and health centers are able to and are held accountable for providing high quality care for obstetric and newborn-related emergencies
2. Helps to ensure that in emergency situations, pregnant women and babies are sent to the right health facility in a timely manner and are given life saving treatment while en route to the hospital

Program: The EMAS alliance, which has a large mandate in addressing the above 2 objectives, desires to reduce neonatal mortality by 25% by the year 2017. As a university partner to EMAS the need we address is for in-hospital education on care of the preterm infant, resuscitation at birth and newborn/well-baby care. This education is particularly relevant as the in-hospital infant mortality rate is higher in some facilities than in the local health centers.

Resident Rotations: (PL2/3): 4 or more weeks. This rotation focuses on neonatal health. Prior to travel, residents will complete a reading curriculum of relevant newborn health articles in the developing country setting. Also prior to travel residents will be trained in Helping Babies Breath neonatal resuscitation for the resource limited setting. While rotating in Indonesia you will have the opportunity to work at 1-2 hospital facilities that vary in resources from middle (ex. CPAP), low (ex developing CPAP) or basic (ex no CPAP). A US general pediatrician or neonatologist will accompany residents for at least 2 weeks of their rotation as a faculty supervisor/mentor. The mentor will provide didactic education to the local staff. The faculty mentor will work with local pediatricians to determine need for evidence-based guidelines, quality improvement projects and further educational needs for hospital staff. The resident will work along side the US faculty mentor clinically, modeling quality clinical care and engaging in bidirectional knowledge exchange with the Indonesian pediatric providers they work alongside including nurses, midwives and physicians. Residents are welcome to contribute and participate longitudinally to the projects undertaken by the university collaborative which are directed by the needs of the site, however no individual resident projects will be considered. When the faculty mentor is not present the resident will continue to work alongside Indonesian colleagues to model clinical care and continue knowledge exchange as well as provide teaching based on the appropriateness of the site. Residents participating in longitudinal projects will continue their work after the faculty mentor has departed. At the end of the rotations residents will evaluate the experience and the faculty mentor will evaluate the resident’s performance.

Expenses: Accommodations are provided in either a dormitory or apartment style housing. The dormitory/apartment are air conditioned with kitchen, laundry, internet access. Lunch is provided at the hospital daily. Housing is either a safe proximity for walking to the hospital or local transport is provided. In-country transport to initial or other sites from the airport is provided. The resident is
provided a $500 stipend towards airfare and is responsible for the rest of airfare which runs $1400-$1800 depending on season and how far in advance you book. The resident is also responsible for the visa fee $100 and for meals not provided by the hospital (with the ability to self-cater in the dorm/apartment).

**Logistics:** Residents interested in Indonesia should plan in advance once you know your elective time. Housing space is shared amongst all participating universities and thus no more than 1-2 residents can be accommodated at a time. Advance preparation in the form of reading, vaccinations and VISA/Licensing, which takes up to 2 months prior to departure. Residents interested should contact Michelle Niescierenko MD (from the ER) through the Children’s email system.