

Setting Research Priorities to Reduce Almost One Million Deaths from Birth Asphyxia by 2015

Lawn et al. (2011)

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For which topic were research priorities identified?

birth asphyxia

In which location was the research priority setting conducted?

international

Why was it conducted at all?

Given the large burden, the mismatch with investments and the short time frame before the MDG targets in 2015, evidence-based priority setting is imperative to accelerate progress in mortality reduction. While there are strategies to reduce intrapartum related neonatal deaths, the focus has been on having a functional health system to provide care at birth, with little consensus on how to strengthen weak systems over time, or how to address the 60 million annual home births. The level of evidence for many intrapartum interventions is low and, while randomized trials for many accepted intrapartum care interventions may not be considered ethical, all recent reviews have highlighted the need for more investment in research. As yet, no publication has set out a systematic research agenda on this topic.

What was the objective?

to identify research priorities to reduce mortality from intrapartum-related neonatal deaths by 2015

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

CHNRI approach

How were the priorities for research identified exactly?

Step 1: defining context and criteria for priority setting. Step 2: collecting research priorities: list of research questions drafted by core team based on recent systematic reviews and previous survey of experts, expert group reviewed questions, added and refined list. Step 3: survey: participants were asked to score each question along five criteria. Step 4: soliciting input from societal stakeholders to weight criteria: stakeholders asked to weight criteria

Which stakeholders took part?

Experts in the field: clinical provision (midwifery, neonatology, obstetrics, pediatrics, and disability care), perinatal epidemiology, public health, and basic science, as well as both researchers and research funders. 21 participants.

How were stakeholders recruited?

Individuals with a wide range of technical expertise and regional representation were identified by a core team and by WHO staff and sent a formal invitation to participate.

Were stakeholders actively involved or did they just participate?

Stakeholders were mere participants of the research prioritization process; they were not actively involved in the process.