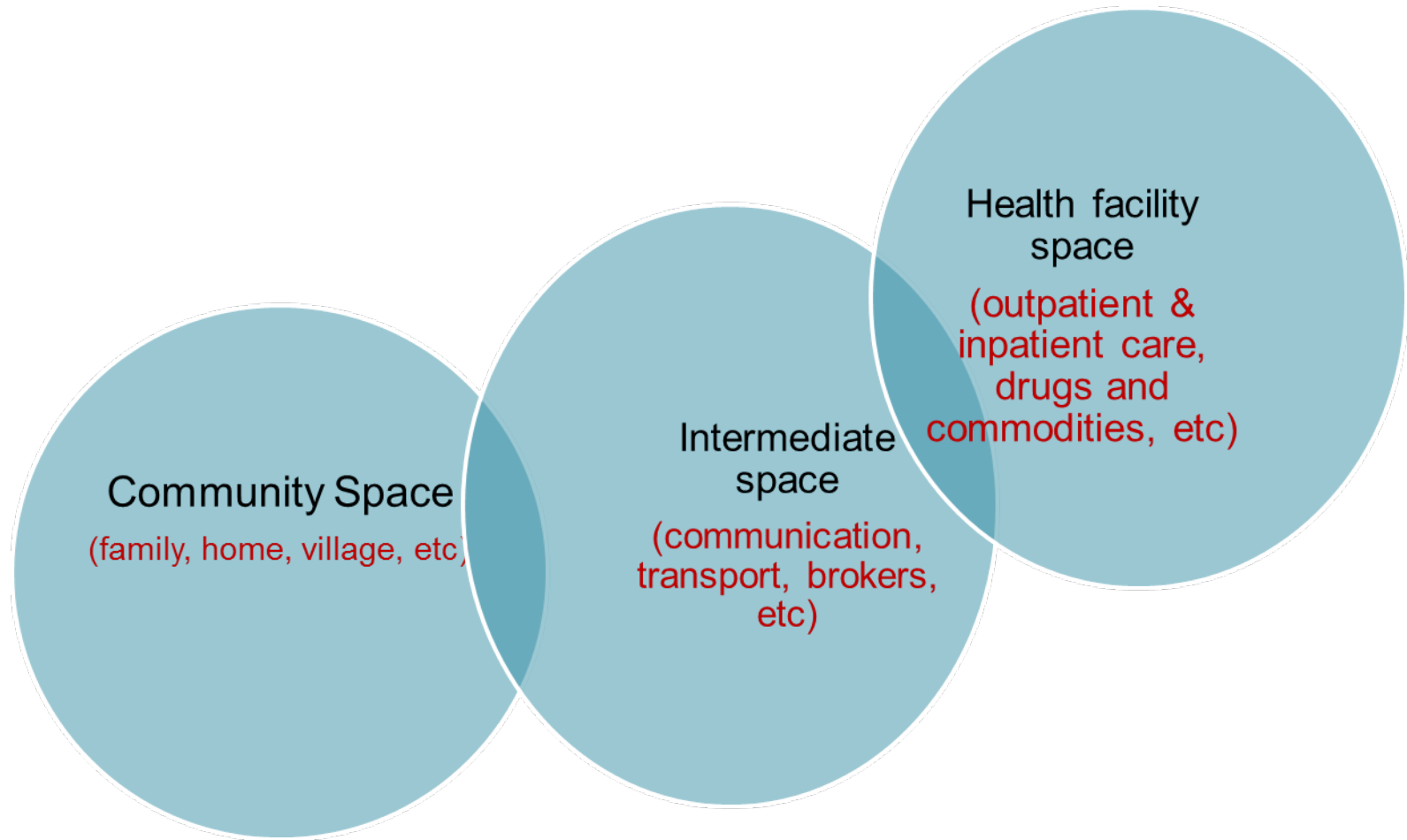# Neonatal Health: progress and directions

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Overlapping spaces

Community space

- Mother
- Women
  - marital family and neighbourhood (hierarchy),
  - mother/ sister
- Men
  - husband ã migrant? mobile?
  - brother-in-law, brother
- Village volunteers/ workers ã AWW, ASHA, NGO workers, ANM?
- Outreach providers
  - home visits by shishu rakshak, ASHA
  - VHND by ANMs
- Community groups ã SHGs, mahila mandals

Health facility space

- Village based clinics
  - subcentre (closed by design, few or no drugs)
  - village practitioner (open for long hours, provider resides next door)
- Occasional clinical services
  - health camps (eg. swasthya chetna yatra)
  - mobile clinics
- Health centres and hospitals
  - institutional delivery services (crowded, focused on childbirth)
  - outpatient care
  - hospital for children (inpatient care)

The take home package after institutional delivery

- What does the family hope for?
  - Live newborn
  - Is breathing and feeding well
  - Looks normal (not weak, not jaundiced, no anomalies)
  - Keeps warm and active
  - Has passed urine and stools
- Dealing with stillbirth and early neonatal death
- Risk approach
  - Referrals for asphyxia
  - Not weighing newborns
  - Discharge without neonatal assessment or criteria

Mortality survey 2010
(ARTH-GOR-WHO-UNICEF, 2010)

- 8 districts of southern Rajasthan, 10,05,570 population
- 26% urban, 36% maternal literacy, 47% SC+ST
- 76.1% institutional delivery

Mortality Rates in Southern Rajasthan (ARTH, GOR, WHO, UNICEF Baseline Study, 2010)

- For 16 clusters in 8 districts,

  ◦ Crude birth rate 23.1 /1000 population
  ◦ Stillbirth rate 26.2 /1000 total births
  ◦ Neonatal mortality rate (NMR) 54.9 /1000 LBs
  ◦ Perinatal mortality rate 67.3 /1000 total births

  ◦ Early (0-7 days) NMR 42.3 /1000 LBs
  ◦ Late (8-28 days) NMR 12.7 /1000 LBs

Take home package in southern Rajasthan (2010)

Day of death >>	D0 (stillbirths)	D1	D2	D3	D4-7	D8-28
% Neonatal Deaths		41%	4.6%	6.8%	25.8%	22%
% perinatal deaths	35%	34%	4%	6%	21%	
% fetal or neonatal deaths (deaths up to 28 days)	30%	29%	3%	5%	18%	15%

CH strategy for neonatal health (2009)

1. Promote labour monitoring for the neonate within a quality of care framework for maternal-newborn care
2. Pilot the counting and/or audit of perinatal or neonatal deaths
3. Generate and disseminate information on newborn health
4. Articulate a right to health for the newborn

1. Promote   labour monitoring for the neonate within a quality of care framework for maternal-newborn care

- Observe delivery
- Interview women that have delivered
- Communicate with families that are planning delivery
- Contact providers
  - FHS monitoring
  - Use of a partograph
  - Referral arrangements in the event of fetal distress
- Promote maternal & newborn assessment before discharge

2. Pilot the counting and/or audit of perinatal or neonatal deaths

- Count stillbirth and early neonatal deaths for a defined community and time period
- Work with a health facility to review numbers of stillbirths/ intrauterine deaths or ʼIUDs˜ occurring over the past 6 mo ᾱ year
- Advocate facility based perinatal death count or audit in a busy govt health facility ᾱ DH or CHC
- Social audit of neonatal deaths ᾱ develop or adapt instruments, train data collectors
- Involve the VHSC in inquiring into perinatal deaths in the community, link it to utilization of available services

3. Generate and disseminate information on newborn health

- Newborn deaths: burden, social, gender and economic determinants
- Newborn care approaches
  - Community and home based approaches
  - Facility based routine care
  - Referral arrangements
  - Facility based sick newborn care
- What you can do for newborn care
  - Generate interest and action
  - Promote accountability

4. Articulate a right to health for the newborn

- WomanẠs right to perinatal care α pregnancy and labour care, including referral

- NewbornẠs right to life, survival and health
  - Right to routine care of a minimum basic standard
  - Right to special care? LBW, asphyxia, jaundice infections,`H
  - Right to be breastfed? Right to breastfeed? Duty to breastfeed? Duty to promote and enable breastfeeding?

Thank you