MEETING THE NEONATAL CHALLENGE

Dr.B.Kishore
Assistant Commissioner (CH),
GoI
New Delhi
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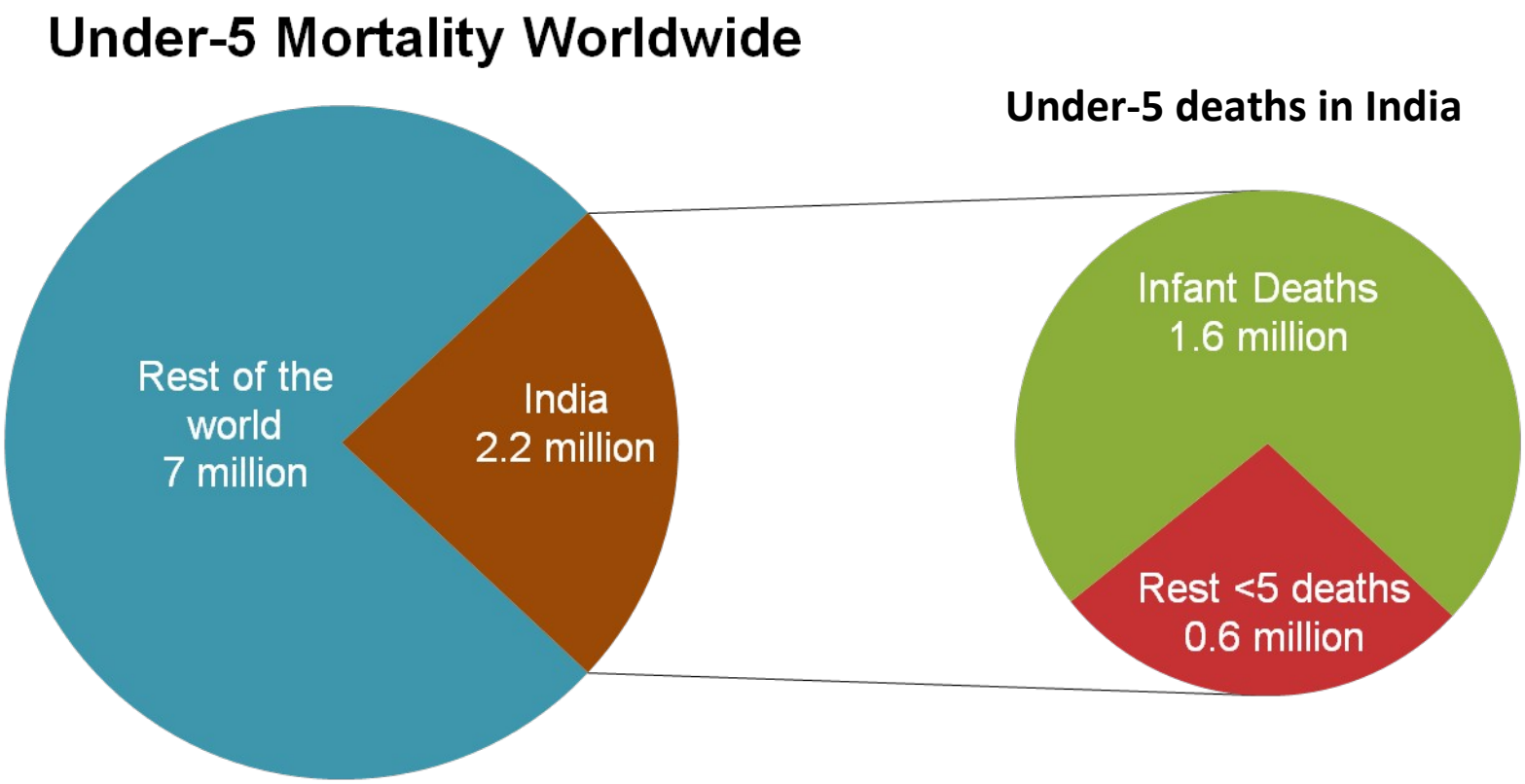
Presentation Outline

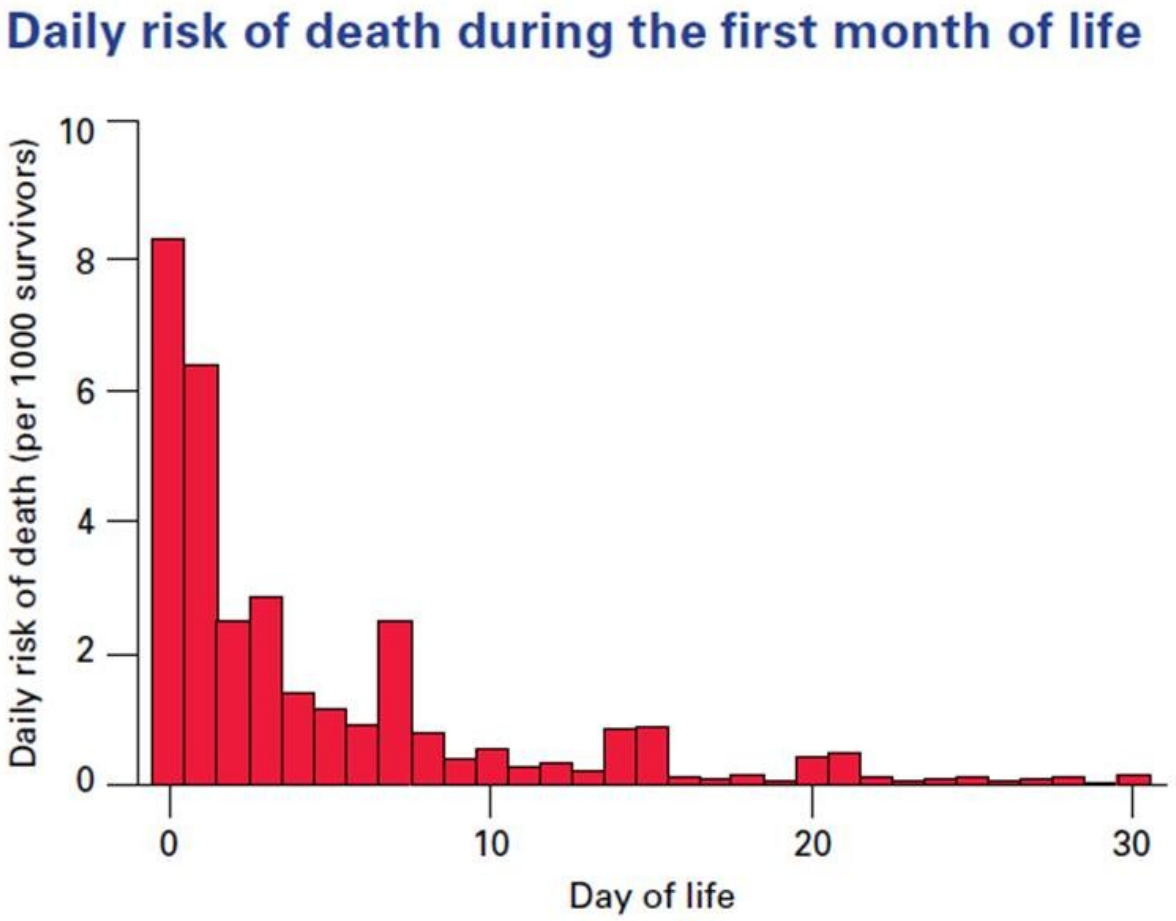
1. Background
2. Key Initiatives of GoI
3. Progress
4. Major challenges & way forward

1. Background



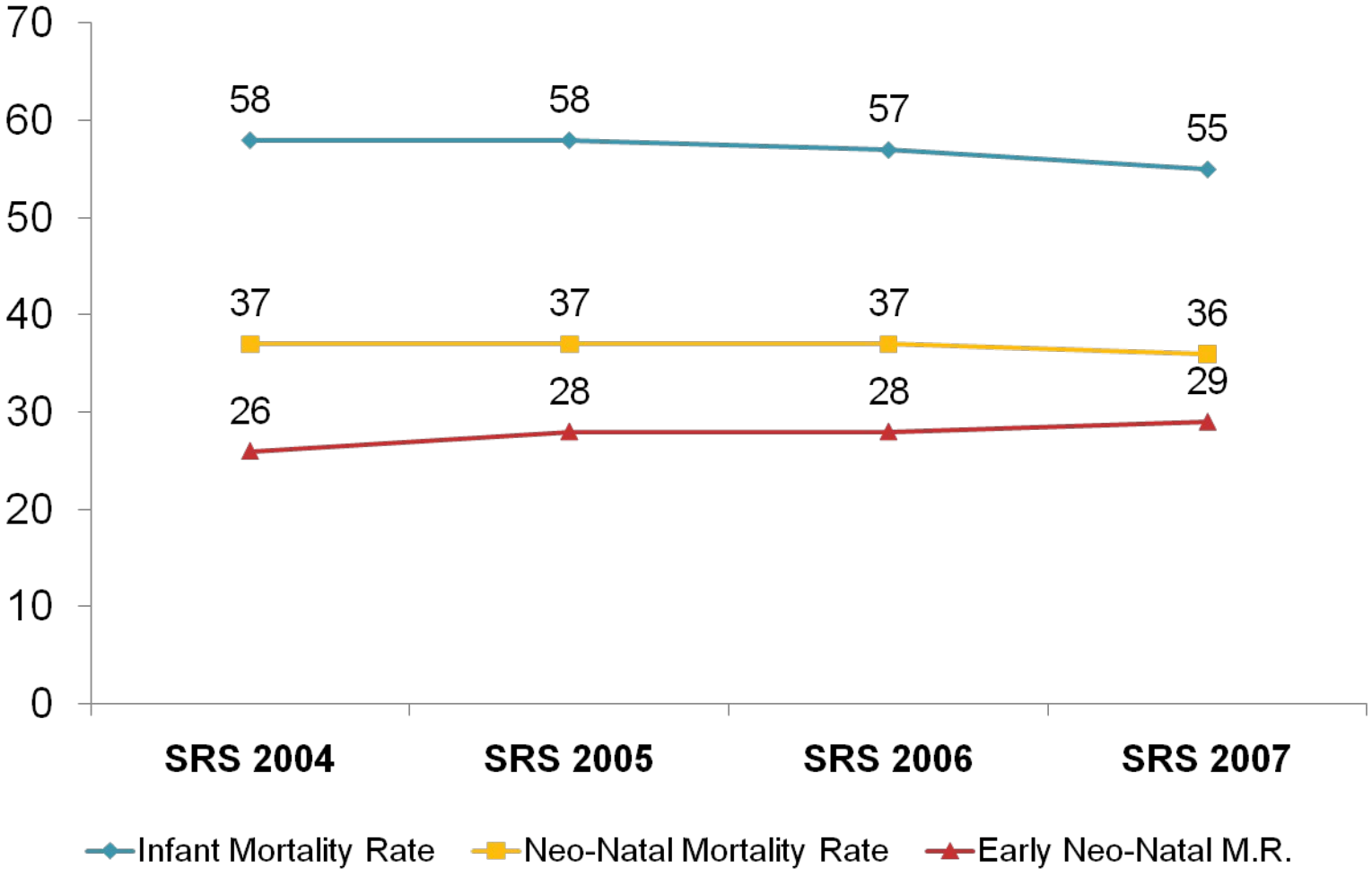
Source: World Health Statistics, 2007

1. Background (contd..)

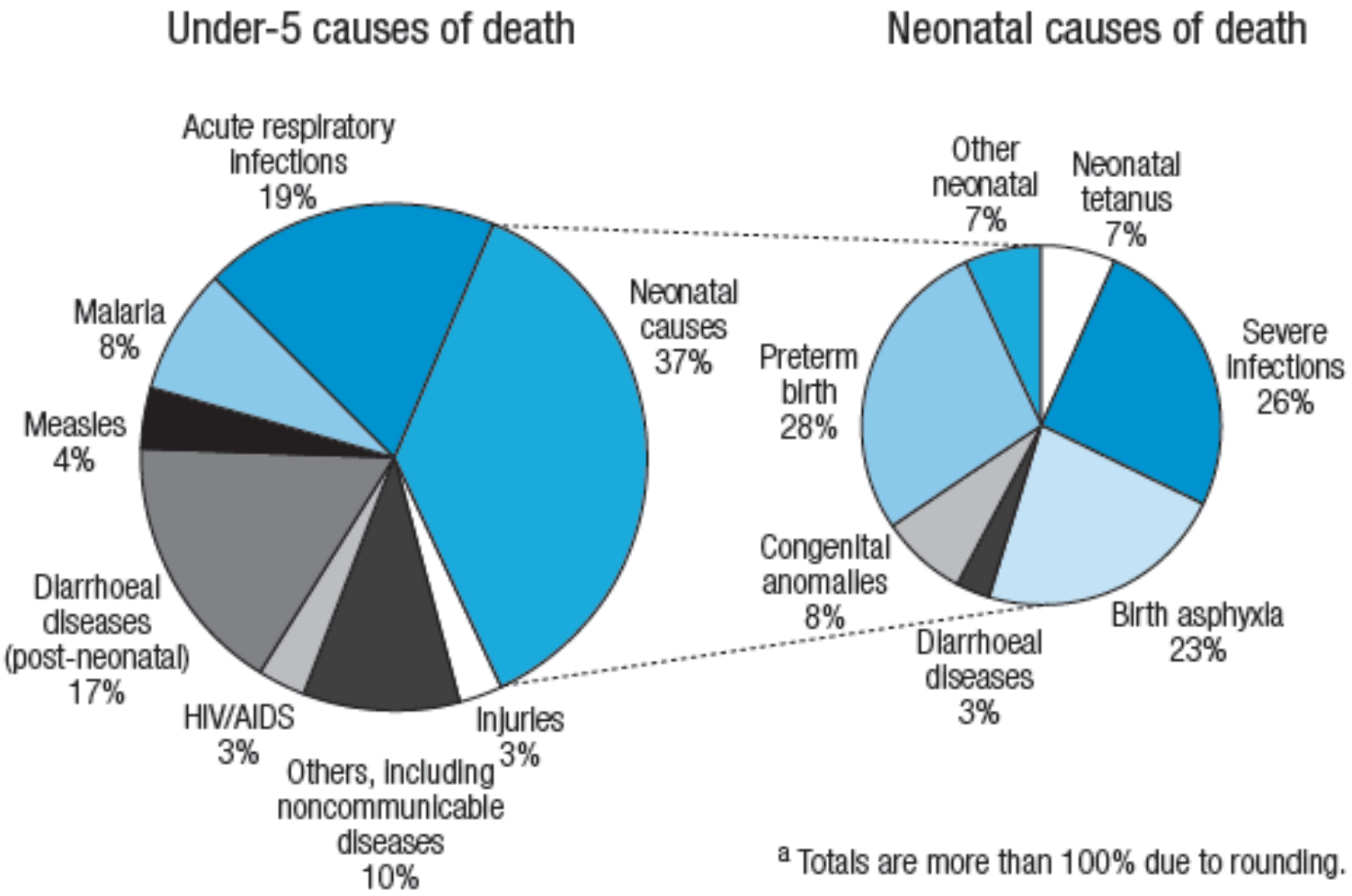


Source: Lawn JE, Cousens S, Zupan J. 4 million neonatal deaths: When? Where? Why? *Lancet* 2005; 365:891–900. (Based on 47 DHS surveys conducted from 1995–2003).

1. Background (contd..)



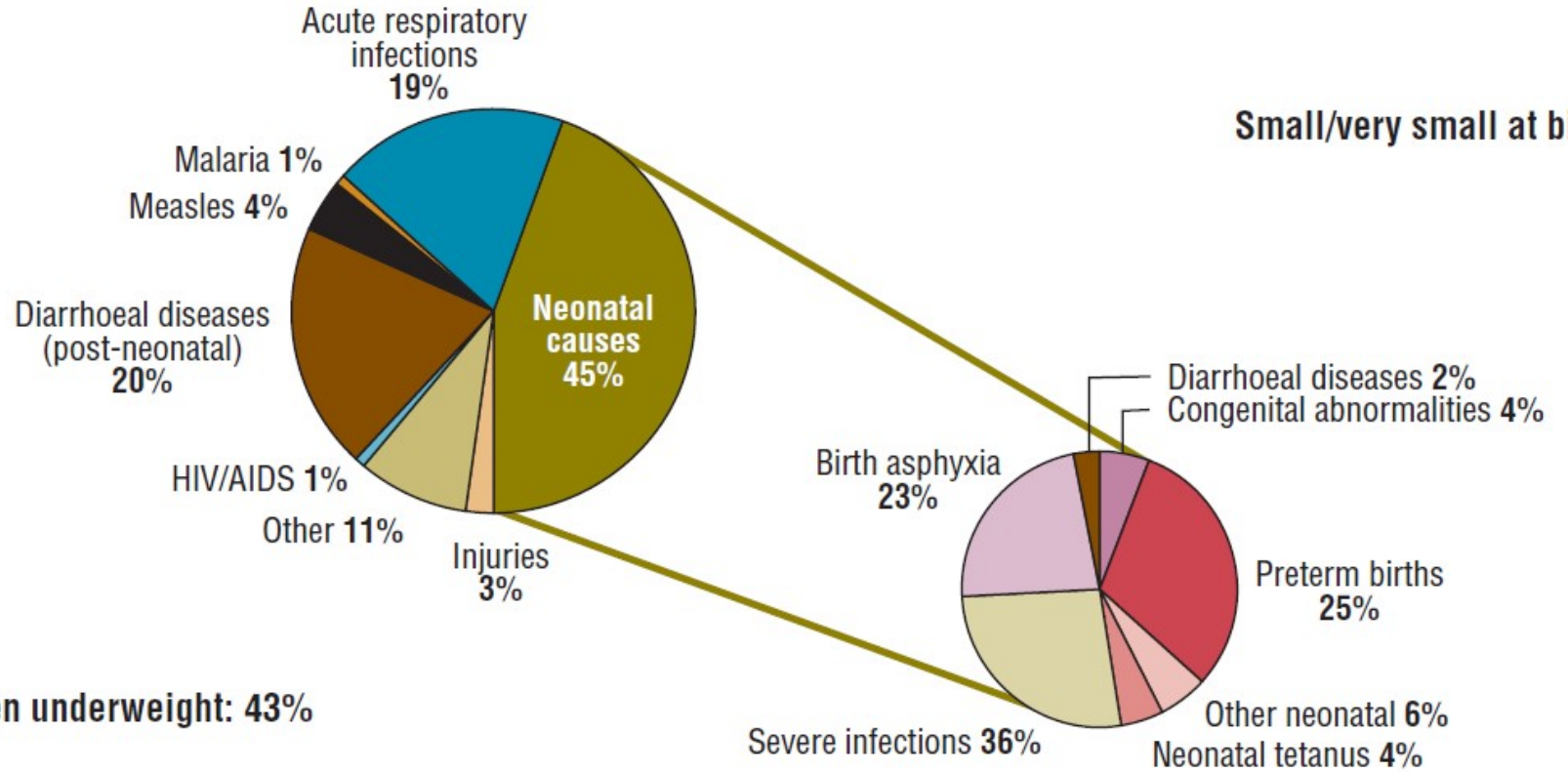
1. Background (contd..)



Source: WHR 2005

1. Background (contd..)

Estimated* distribution of causes of neonatal and under-five deaths



Sources: DHS India, 2005–06 for children underweight and size of child at birth; CHERG/CAH for distribution of causes of under-five deaths (published in the World Health Statistics 2007); and CHERG Neonatal Group for distribution of neonatal causes of death (*Mortality profiles*. Geneva, World Health Organization, 2007 (http://www.who.int/whosis/mort/profiles)).

1. Background (contd..)

NEONATAL DEATHS

CAUSES	INTERVENTIONS
Severe infections (36% deaths)	IMNCI / F-IMNCI, Basic new born care, Early initiation of breast feeding
Preterm birth (25% deaths)	Basic new born care
Birth asphyxia (23% deaths)	Basic Newborn care and resuscitation
Neonatal tetanus (4% deaths)	TT (mother)

2. GoI Initiatives for Neonatal Health

Integrated Management of Neonatal & Childhood Illnesses (IMNCI)

- An integrated approach for sick infant & <5 children:
  - Assessment, classification and management of the major problems
  - Assessment of nutritional and immunization status
- Both pre-service and in-service training of providers.
- Includes:
  - community and family level care
  - improving health systems e.g. facility up gradation, availability of logistics, referral systems.
- Indian adaptation/ addition – Community IMNCI
  - Home visits for all newborns to teach the mother ways to prevent illnesses through exclusive breastfeeding and essential newborn care.
  - At these visits, mothers are also taught to recognize illnesses early and seek timely care.

2. GoI Initiatives for Neonatal Health (contd..)

F–IMNCI

- To enhance the skills missing at facilities to manage newborn and childhood illness.
- A revised strategy which integrates both the Facility based care and IMNCI to provide the optimum skills needed at the facilities by the medical officers and Staff Nurses.
- According to the Bulletin on Rural Health Statistics 2008, there is an acute shortage of paediatricians in the country. No. of posts of paediatricians at CHC:
  - Required = 4276
  - Sanctioned = 1620
  - In position = 866
- The introduction of F-IMNCI will help bridge this acute shortage of specialists.
- There is also a need to simultaneously increase the number of sanctioned posts.

2. GoI Initiatives for Neonatal Health (contd..)

avjaat Shishu Suraksha Karyakram

new programme on Basic Newborn Care and Resuscitation, is being launched by GoI to address important interventions of care at birth:

- ✓ **Prevention of Hypothermia**
- ✓ **Prevention of Infection**
- ✓ **Early initiation of Breast feeding and**
- ✓ **Basic Newborn Resuscitation.**

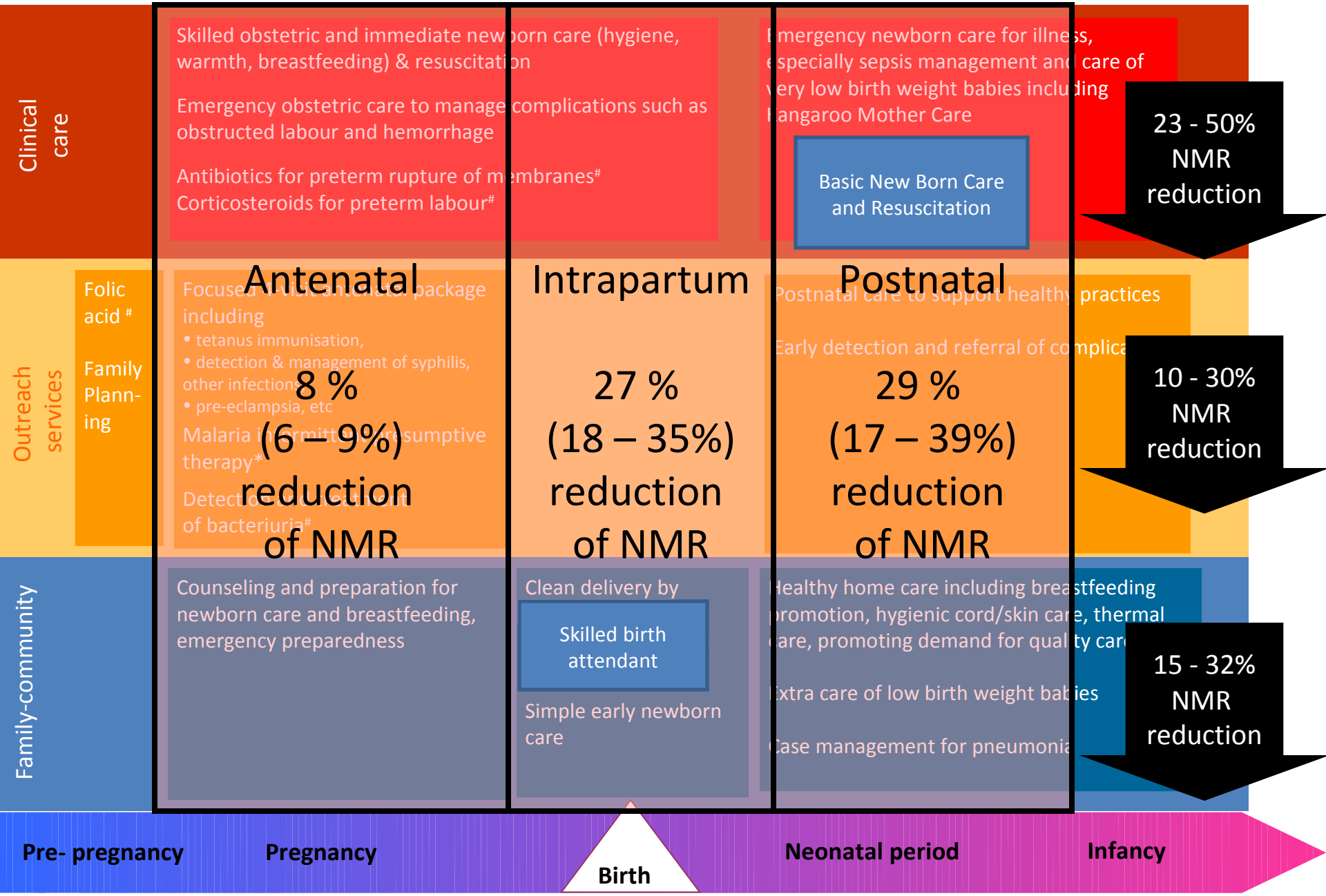
BJECTIVE: To have one trained person at every delivery.

2. GoI Initiatives for Neonatal Health (contd..)

Continuum of care

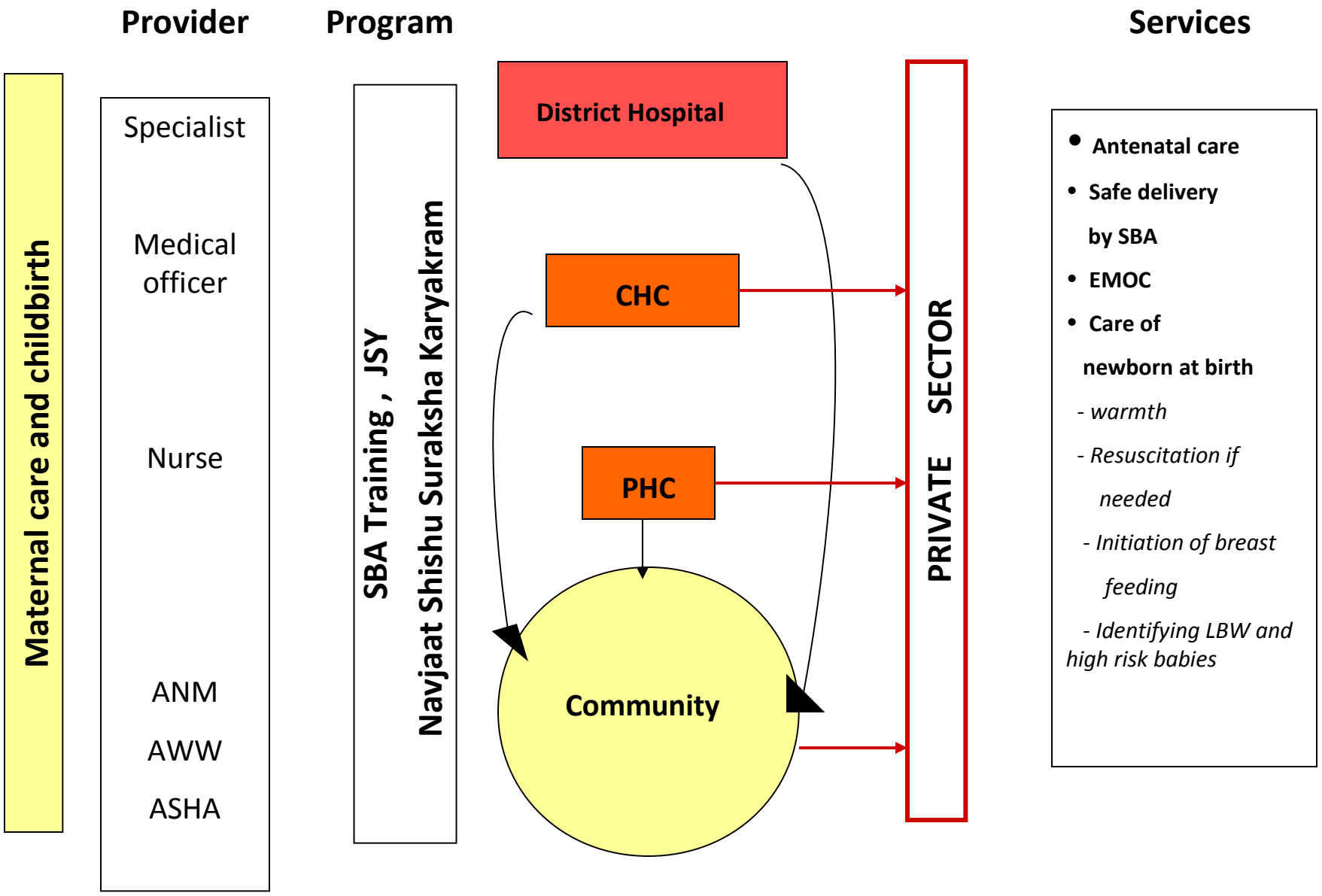
- Maternal and Neonatal health issues are inextricably linked.
- When care is available across the continuum from antenatal to postpartum, and through a variety of delivery modes, mothers and newborns become the recipient of the greatest benefit.
- It is estimated that 36-66% of deaths can be averted if continuum of care is maintained (Darmstadt et al. 2006).
- It mainly includes:
  - quality antenatal care (ANC)
  - improved availability of skilled care during childbirth, and
  - postnatal care.

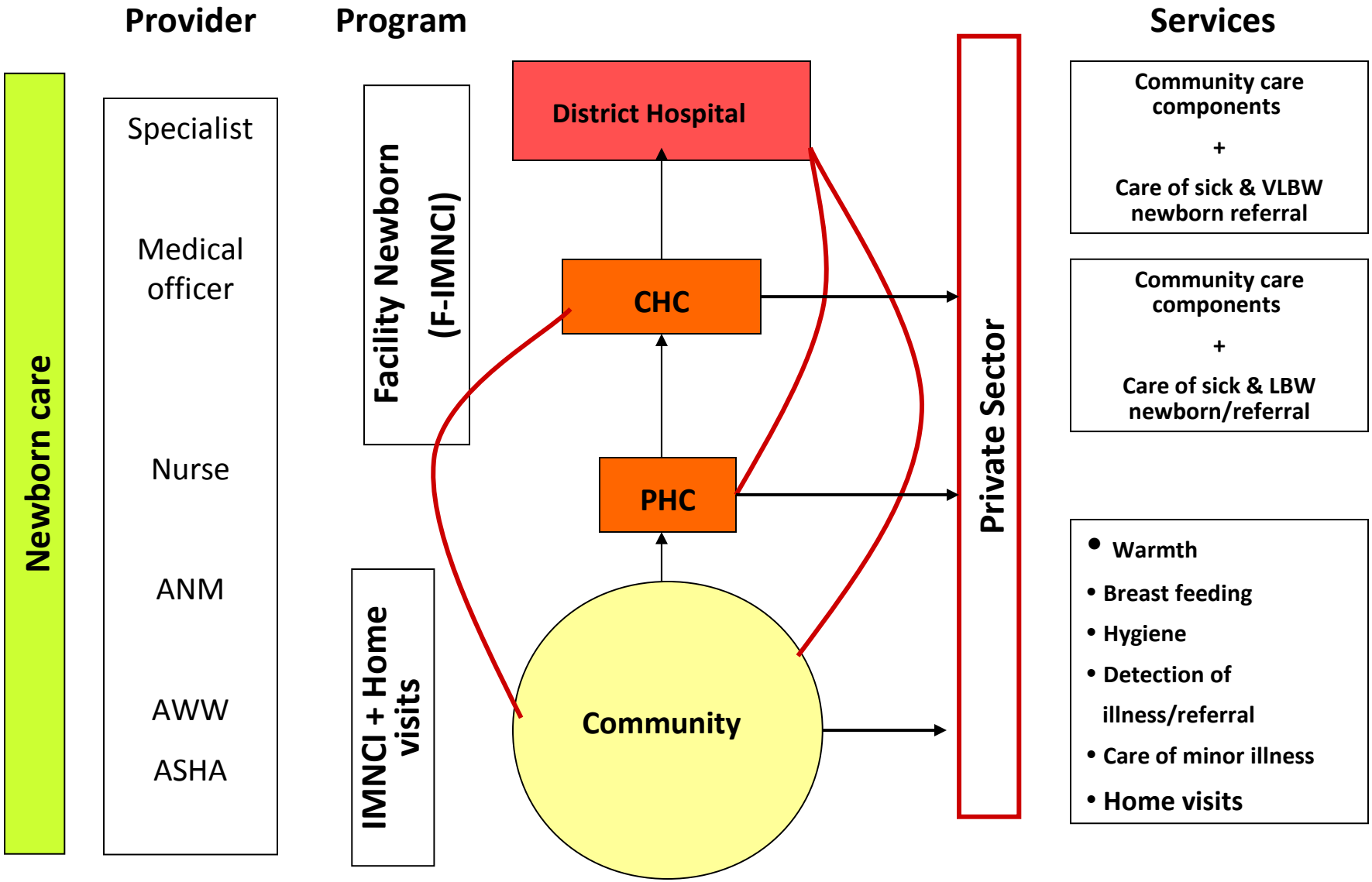
Integrated packages that reduce newborn deaths



For health systems with higher coverage and capacity

Lancet Neonatal Survival Series Team


Provider
Program
Services
Maternal care and childbirth
Specialist
Medical officer
Nurse
ANM
AWW
ASHA
SBA Training , JSY
Navjaat Shishu Suraksha Karyakram
District Hospital
CHC
PHC
Community
PRIVATE SECTOR
• Antenatal care
• Safe delivery by SBA
• EMOC
• Care of newborn at birth
- warmth
- Resuscitation if needed
- Initiation of breast feeding
- Identifying LBW and high risk babies


Provider
Program
Services
Newborn care
Specialist
Medical officer
Nurse
ANM
AWW
ASHA
Facility Newborn (F-IMNCI)
IMNCI + Home visits
District Hospital
CHC
PHC
Community
Private Sector
Community care components + Care of sick & VLBW newborn referral
Community care components + Care of sick & LBW newborn/referral
• Warmth
• Breast feeding
• Hygiene
• Detection of illness/referral
• Care of minor illness
• Home visits

2. GoI Initiatives for Neonatal Health (contd..)

Adequate facilities to address newborn care

To carry out the earlier interventions, it is necessary to have adequate facilities to address neonatal care at health institutions:

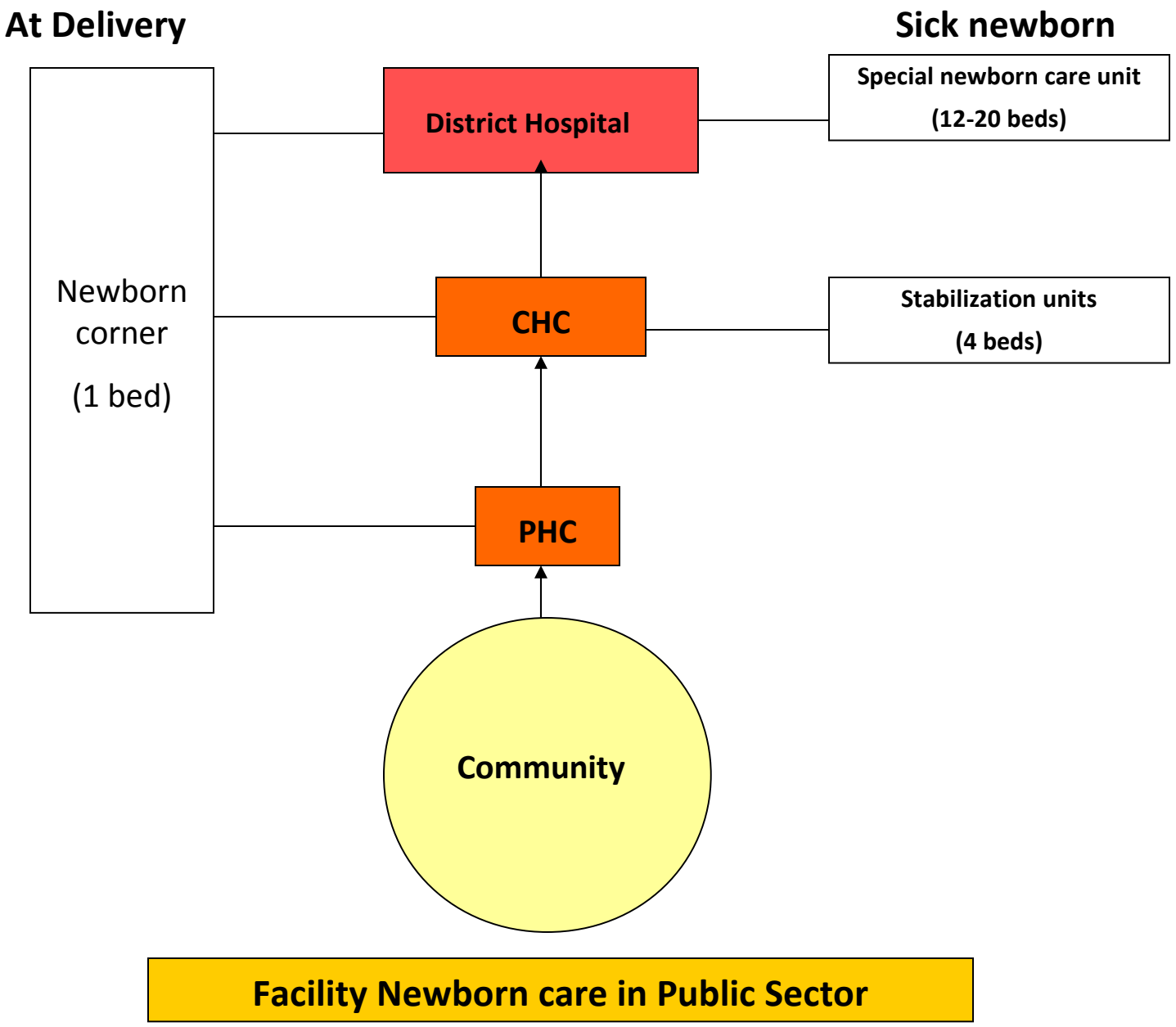
1. **Newborn corner**
   - Provides an acceptable environment for all infants at birth.
   - Low cost intervention – has a radiant warmer and a resuscitation kit.
   - Services provided are essential care at birth, resuscitation including provision of warmth, early initiation of breastfeeding and weighing the neonate.
   - Newborn corners are to be set up **at all health facilities** where deliveries are envisaged.

2. GoI Initiatives for Neonatal Health (contd..)

Adequate facilities to address newborn care (contd..)

2. **Stabilisation Units (at FRUs)**
   - FRUs are intended to provide intensive care to a newborn or a sick child, to ensure safe care of the baby prior to appropriate transfer.
   - Services provided are provision of warmth, resuscitation, supportive care including oxygen, drugs, IV fluids, monitoring of vital signs, including blood pressure, breast feeding/ feeding support and referral.

2. **Sick New Born Care Units (SNCU)**
   - SNCU at the **district hospital** is expected to provide care at birth, resuscitation of asphyxiated newborns, managing sick newborns (except those requiring mechanical ventilation and major surgical interventions), post natal care, follow-up of high risk newborns, referral services and immunization services

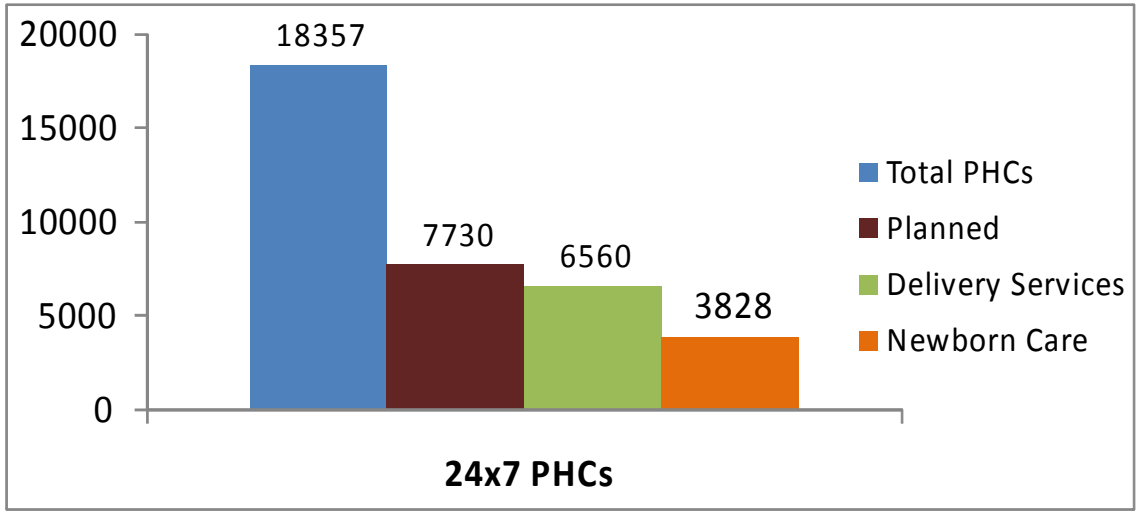

At Delivery
Sick newborn
Newborn corner
(1 bed)
District Hospital
Special newborn care unit
(12-20 beds)
CHC
Stabilization units
(4 beds)
PHC
Community
Facility Newborn care in Public Sector

3. Progress

- IMNCI Implementation
  - In 258 districts
  - Over 2 lakh personnel trained
- Pre-service IMNCI
  - Introduced in to the curriculum of 79 Medical colleges
  - Nearly 4000 students trained
- 204 Sick Newborn Care Units (SNCUs) reported to have been set up.
- Newborn and Child Care has been incorporated into the ASHA training and duties.

4. Major challenges & way forward

Speed of facility operationalisation

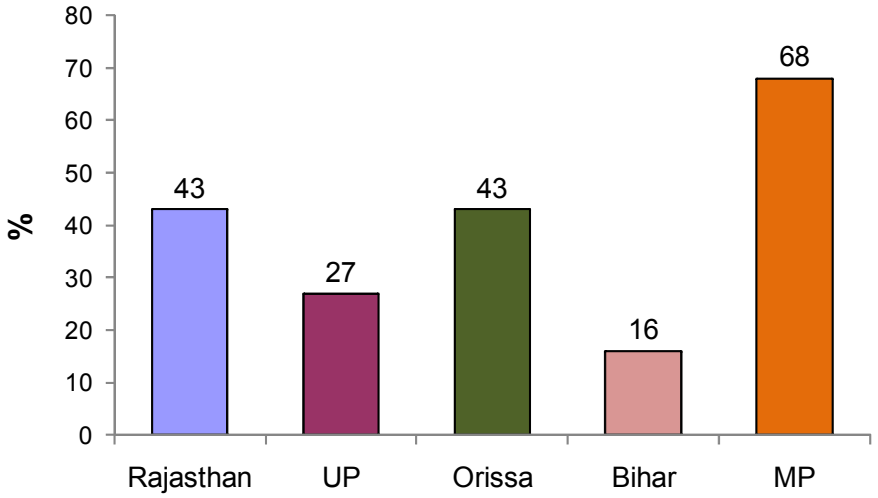


- Newborn baby care corners, which require minimal inputs, need to be set up in all PHCs and CHCs performing deliveries

4. Major challenges & way forward (contd..)

Ensuring 48 hours post delivery stay

- 2-day stay provides an opportunity for ensuring critical early neonatal care, initiation of breastfeeding, and initiation of immunization (BCG and polio zero dose).

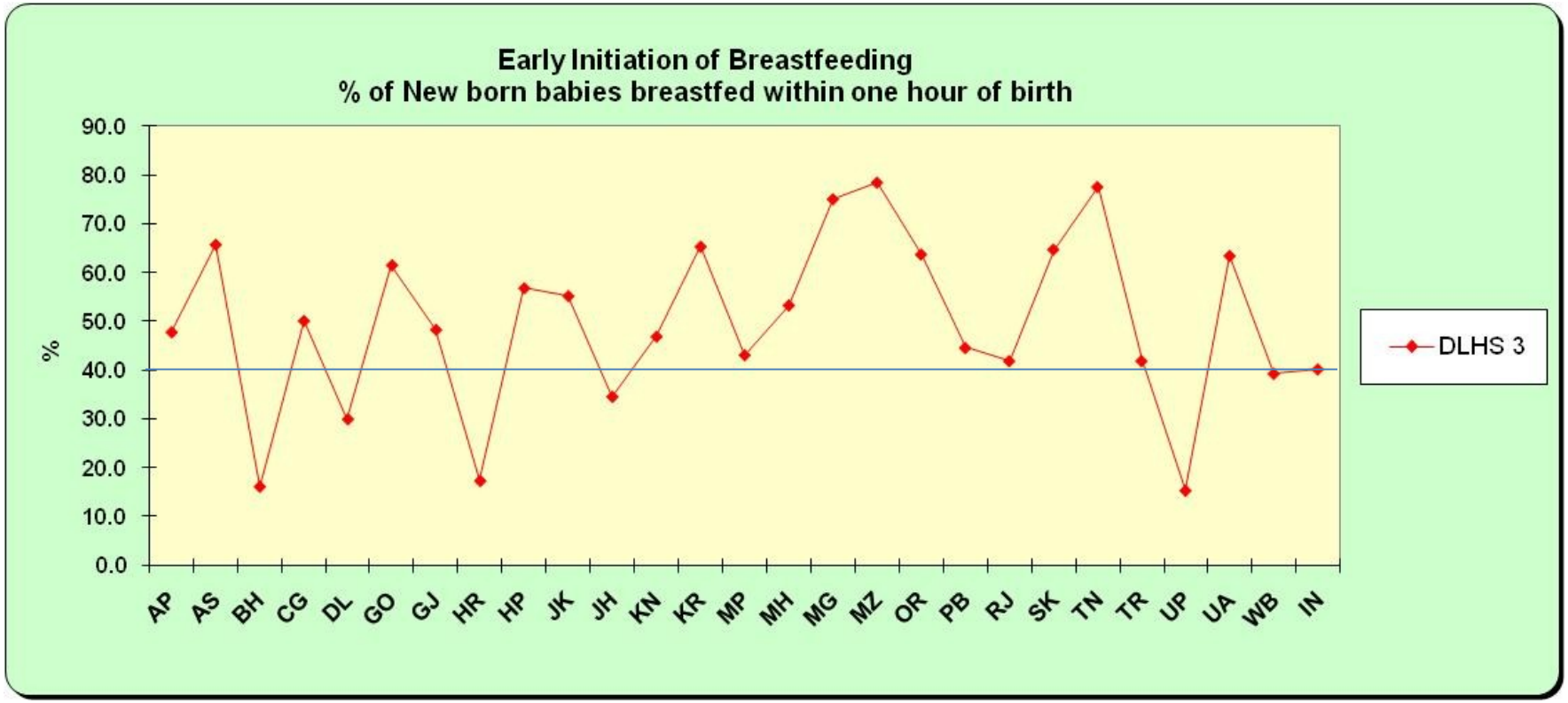


Proportion of JSY beneficiaries staying at least 2 days post institutional delivery
Source: JSY Evaluation 2008

4. Major challenges & way forward (contd..)

Breast feeding practices

- The 48 hours post delivery stay is to be used by the health providers in making the mother aware about good practices, including early initiation of breast feeding.



4. Major challenges & way forward (contd..)

Post Natal Visits

- 50.8% (DLHS-3) mothers received post natal care within two weeks of delivery.
- Along with ANMs, ASHAs too are being trained for post natal home visits.
- There is a need for ensuring post natal care visits in homes through trained ANMs/ ASHAs.

4. Major challenges & way forward (contd..)

Better monitoring of IMNCI trained personnel

- IMNCI is an intensive strategy and it takes two and a half years under ideal conditions to saturate the training load of a district.
- With many of the districts still in the initial phase of implementation, it may be some time before the full impact of the intervention is seen.
- IMNCI trained health workers should be monitored to assess how the skills acquired during training are practised and thereby determine the percentage of sick newborn and children from the community who are being correctly detected and managed as per IMNCI protocols.
  - Simple monitoring formats are available.

4. Major challenges & way forward (contd..)

Strategy for Non-IMNCI districts

- Non- IMNCI districts particularly in high focus states, are continuing with the vertical interventions for neonatal and child care under RCH I.

- Now it is time that we roll out IMNCI in all the districts of the country.

It's a long road ahead...