

# Evidence Based Comprehensive Continuum of Care Package for Maternal & Newborn

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# Global Key Facts: New Born Illnesses & Deaths

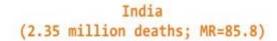
- 1.41% of under-five child deaths takes place first 28 days of life
- 2. In developing countries every second mother and newborn do not receive skilled care during and immediately after birth.
- 3.2/3 newborn deaths can be prevented through known interventions

SIHFW: an ISO 9001: 2008 certified institution

Source: WHO Report

# Global Key Facts : New Born Illnesses and Deaths

- 1. ~3 million deaths within 1 wk
- 2. ~2 Million deaths with 24 Hr
- 3. 3.3 Million Still Births
- 4. A child's risk of death in the first four weeks of life is nearly 15 times greater than any other time before his or her first birthday.
- 5. 99% newborn deaths occur in low- and middle-income countries.



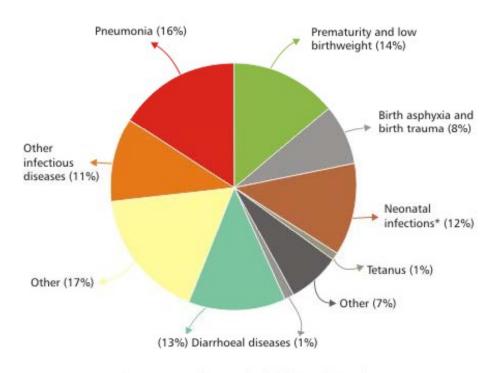


Figure 4: Causes of Neonatal and Child Mortality in India-

Cource: Causes of Neonatal and Child Mortality in India: a nationally representative mortality

3 million deaths can be averted every year through low-tech, low-cost care interventions.

Source. WITO Report

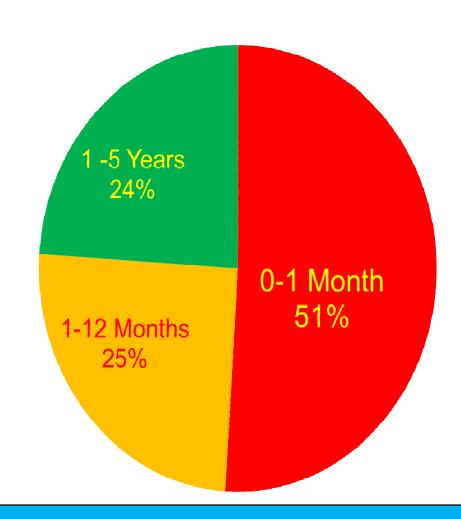


## When do these children die

## Rajasthan Key facts



75% of
Newborn
Deaths –
Ist Week

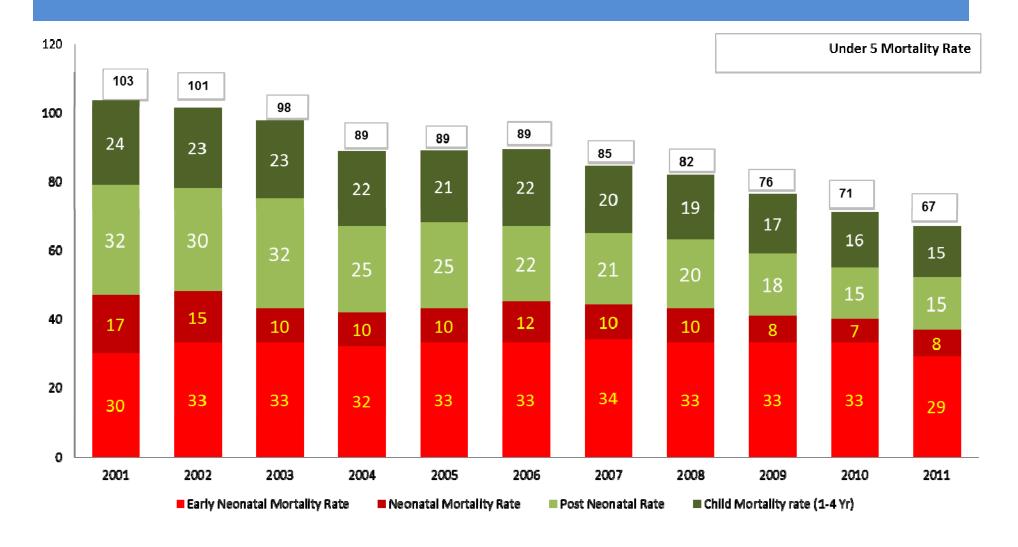


AHS 2010-11

More than half of Under 5 Deaths take place in First Month

# 0-5 Years : Under 5 Mortality Trends





SRS 2001-11

# Rajasthan Key Facts : New Born Illnesses and Deaths

#### Every year in Rajasthan

- 1.>110,000 Children are not able to celebrate their 5<sup>th</sup> B day
- 2. > 85,000 Children are not able to celebrate their First B Day
- 3. > 64,000 Die within first month of life

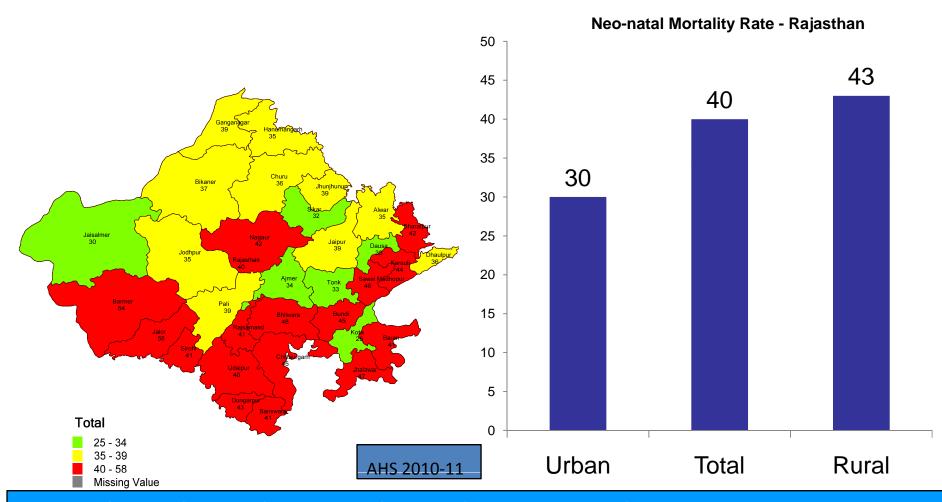
Source: WHO Report



## Where do these children die

# 0-5 Year- Neonatal Mortality





**Neonatal Mortality- Highest in Southern and Western Rajasthan** 



# What can be done? What is the package of interventions

#### Integrated packages -reduction newborn deaths

Skilled obstetric and immediate new born care mergency newborn care for (hygiene, warmth, breastfeeding) & resuscitation Iness, especially sepsis managernent and are of very low birth weight bab es Clinical **Emergency obstetric care to manage complications such** ncluding Kangaroo Mother Care 23 - 50% as obstructed labour and hemorrhage NMAntibiotics for preterm rupture of membranes# reduction Corticosteroids for preterm labour# Focused 4-visit antenatal package **Folic** ostna Postnata I health practices Intrapartum includin Antenatal acid# arly detec 29 % referral of complication 27 % • detection & management of syphilis, **S** Family 10 - 30% Plann-(18 - 35%)• pre-eclam 6, -tc 9% (17 - 39%)**NMR** ing Malaria intermittent presumptive therapy reduction reduction reduction reduction Detection Of NAMRnt of NMR of NMR of bacteriuria# Counseling and preparation for lealthy home care including breastfeeding Clean delivery by newborn care and breastfeeding, promotion, hygienic cord/skin care, thermal traditional birth community emergency preparedness are, promoting demand for quality car Familyattendant (if no skilled **15 - 32%** attendant is available) xtra care of low birth weight babies **NMR** Simple early newborn reduction care lase management for pneumonia **Neonatal** period Infancy **Pregnancy Pre- pregnancy Birth** 





#### Service provision

- Antenatal care (>28 weeks)
- Skilled care at birth
- Postnatal care
- Identifying illnesses and appropriate care
- Functional referral linkage

#### **Behavior change management**

- Community involvement and partnership
- Community mobilization
- Behavior change communication
- At home, community and health facility levels

Harmonizing services with demand generation

Continuous quality assurance with equity Implementation & operational research

# Key components of the package

- Community/ Home level care for the pregnant women and newborns
  - Antenatal care (after 28 weeks of pregnancy) and risk identification
  - Birth planning for pregnant women including
  - Preparation for emergency home delivery and assistance by SBA.
  - Postnatal care at home and identifying illnesses and appropriate care
  - Functional referral linkage and care during referral
- Facility level care for pregnant women and newborns
  - Skilled care at birth and care during immediate post-delivery period
  - Standardized care at health facility
  - Inter-facility functional referral linkage and care during referral
- Behavior change management —At every level
  - Behavior change communication , community mobilization and partnership
- Quality assurance and ensuring equity

## Issues Rajasthan



- Despite increase in the Institutional deliveries early neonatal mortality is constant Why???
  - Quality of services provided through the health facilities
  - Quality of counseling of care during ANC particularly last trimester.
- Quality of services provided through FBNC
- Quality of Home Based Newborn Care





## **CALL TO ACTION**

# CALL To ACTION: Academia



- Set high standards of practices in their institutions
- Follow up of standards protocols of treatment
- Build capacity of field level functionaries
- Mentoring visits to the neighboring centers
- Ensure quality of Newborn care in labour rooms

#### **CALL To ACTION: Private**



- Set high standards of practices in their institutions
- Come forward to support Govt initiatives
- Capacity building of services providers
- Mentoring visits to the nearest districts
- Innovations to improve Home and facility based care

## **CALL To ACTION: Government**



- Ensure availability of skilled HR
- Performance linked incentives
- Provide standards protocols to all health facilities
- Set up quality assurance mechanism for facility based care involving academia and private partners
- Innovations for improving home and outreach based care
- Ensure effective referral transport



# Thank You For more details log on to www. sihfwrajasthan.com or contact : Director-SIHFW on

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