Newborn health in India

Slide NH-1,2
Nearly 27 million babies are born in India each year; this accounts for 20% of global births. Of these, 1.0 million die before completing the first four weeks of life. This accounts for nearly 25% of the total 3.9 million neonatal deaths worldwide.

Slide NH-3,4,5
Neonatal mortality rate
The current neonatal mortality rate of 39 per 1000 live births (NFHS-3; 2005-06) accounts for nearly two-thirds of infant mortality and half of under-five mortality rates. About 40% of neonatal deaths occur on the first day of life, almost half within three days and nearly three-fourth in the first week.

The rate of neonatal mortality varies widely among the different states ranging from 11 per 1000 live births in Kerala to about 48 in Uttar Pradesh. The states of Uttar Pradesh, Madhya Pradesh and Bihar together contribute to over half of all newborn deaths in India in 2000.

There are important rural-urban and socioeconomic differences in the NMR. The NMR in rural areas is about one and a half times of that in urban areas (42.5 vs. 28.5 per 1,000 live births). Similarly, the NMR among the poorest 20 percent of the population is more than double the NMR of the richest 20% – 48.4 versus 22 per 1,000 live births.

Slide NH-6
Causes of neonatal deaths
Globally, infections, asphyxia and prematurity are the leading causes of neonatal deaths. A similar pattern is seen in India where they contribute to 33, 21 and 15 percent of the total neonatal deaths respectively. A large proportion of neonatal mortality is contributed by infections, a largely preventable cause. The incidence of neonatal tetanus, formerly a major cause of mortality, has declined dramatically.
Teaching Aids: Newborn health

since 1980s.

**Slide NH-7**

**Timing of neonatal deaths**

Nearly 3/4th of neonatal deaths occur within 7 days of life. About 40% of neonatal deaths occur in the first day of life.

**Slide NH-8**

**Perinatal mortality**

Perinatal mortality includes both stillbirths and early neonatal deaths (within the first seven days of life). Stillbirth (SB) refers to a fetal death beyond the gestation of viability.

The current perinatal mortality and stillbirth rates according to NFHS-3 (2005-06) are 48.5 and 19.2 per 1000 pregnancies respectively. However, this could be a gross under estimate of the true perinatal mortality rate in the country given the high propensity for not reporting the stillbirths. Similar to NMR, the perinatal mortality rate also varies between the states - from 11/1000 in Kerala to 63/1000 pregnancies in Assam.

**Slide NH-9**

**Place of birth**

Almost 60% of deliveries occur at home and only 46.6 percent of these are attended by skilled birth attendants (doctors, nurses, and midwives). It is documented that states with higher institutional births (e.g. Kerala) have lower neonatal mortality as compared to those with lower institutional births (e.g. Uttar Pradesh).

**Slide NH-10,11**

**Static NMR**

The NMR declined rapidly in the 1980s - from 69 in 1980 to 53 in 1990. However, in recent years, the rate of fall of NMR has showed some slackening – from 48 in 1995 to 39 per 1000 livebirths in 2005-06. This slow declining trend is a cause for concern.
Most of the Government programmes (ARI, Diarrhoeal Disease Control, and Immunization) in the last decade have focused on infants and children beyond neonatal period. In addition, most of the focus for essential newborn care was directed to limited government facilities. This has resulted in the decline of IMR but NMR remained almost static.

**Slide NH-12,13,14**

**Way forward**

India is a signatory of the Millennium Declaration of the UN Millennium Summit of 2000 and thereby committed to the achievement of Millennium Development Goals (MDGs) by year 2015. The MDG-4 calls for a two-third reduction in under-five child mortality rate from year 1990 to 2015.

The National Population Policy (NPP) is the framework for family planning, maternal health and newborn and child health programs for India. The NPP calls for the reduction of the infant mortality rate to less than 30 per 1000 live births by the year 2010; it also aims to reduce maternal mortality ratio (MMR) to less than 100 per 1, 00,000 live births by this period. The NPP goals also include achieving an institutional delivery rate of 80 percent and a rate of 100 percent for deliveries by trained persons. These goals can be achieved if simultaneously strengthening of health facilities is undertaken.

Recently, the Government of India has launched an initiative envisaging a high priority action with focus on the rural population under the rubric of National Rural Health Mission (NRHM). Under NRHM, over 600,000 new health workers, namely Accredited Social Health Activists (ASHA) are being deployed in high burden states. These female community health workers would create awareness on health and counsel women on issues of reproductive and child health; they will mobilize the community and facilitate accessing health and health related services. An additional scheme (Janani Suraksha Yojana), under which cash assistance would be given to the pregnant women and the health worker if delivery occurs in a health facility, has also been proposed to increase the institutional delivery rates.

India is currently in the process of implementing the second phase of the Reproductive and Child Health program (RCH-II, 2005-10). RCH–II was formulated
before the conceptualization of NRHM, of which it now forms an integral part. Under this program, the quality and reach of antenatal care will be enhanced and home-based newborn care using IMNCI protocols will be implemented. Facility-based care of neonates will be improved through strengthening of infrastructure, provision of extra nurses, and skills upgradation of physicians and nurses. The Government, with the help of UNICEF, is now involved in creating special care newborn units (SCNUs) in empowered action group (EAG) states for managing sick newborns.

Apart from strengthening the health care, the country has to make rapid strides in social sector as well because women education, empowerment, early care-seeking, and a balanced growth in economy also contribute in reducing the neonatal and infant mortality rates.

For further reading