ASSESSMENT OF CAUSES OF INFANT DEATH: A STUDY OF DISTRICT BHARUCH

By- Vertika Jain (0691)

AIM:

To assess the causes of infant deaths in order to implement appropriate infant survival interventions in district Bharuch of Gujarat .

OBJECTIVES:

1. To assess the causes of infant mortality in three talukas of Bharuch district.
2. To design the interventions to prevent the infant deaths.

METHODOLOGY

Study Design– A descriptive, cross-sectional study.

Duration: 3months (Jan 2018- March 2018)

Study Area- Amod, Ankaleshwar and Bharuch Taluka of Bharuch district, Gujarat.

Sampling : Non probability, judgmental sampling.

Selection Criteria-Three talukas out of nine were selected for the study. A judgemental sampling was done and 44 deaths were tracked that happened during the study period.

Study Tool – Verbal autopsy was conducted at all the households where an infant death was recorded in the study period.

Data Collection Procedure: A complete list of infant deaths in the period of three months that happened in the three Talukas was collected from DPMU, Bharuch. The primary quantitative data was collected through verbal autopsy tool that was designed in consultation with the Reproduction and Child Health Officer, Bharuch. The consistency of the infant age, cause of death, place of death etc. were cross verified with the data registered in DPMU. The in-depth interview was conducted with the family member of the deceased.

FINDINGS

	Births	Deaths
Home	0	10
In Transit	2	6
Hospital	42	28

Table 1 Number of place of death and birth place

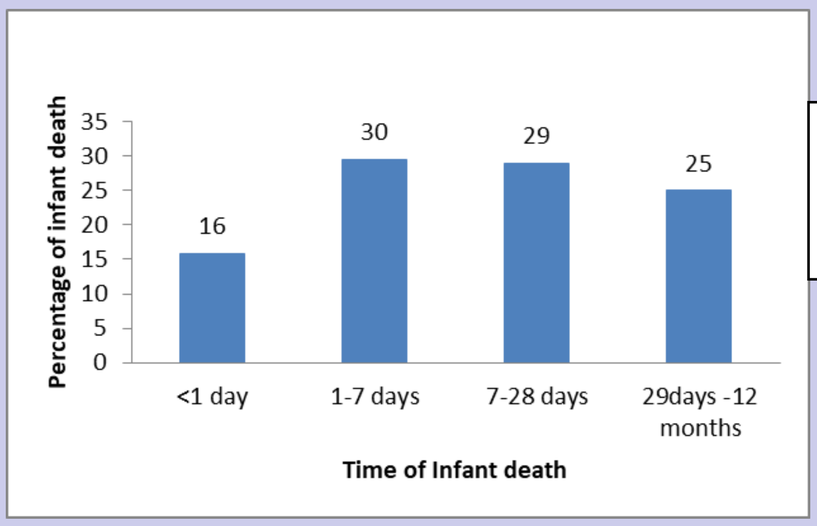

Fig 1 Time pattern of infant death

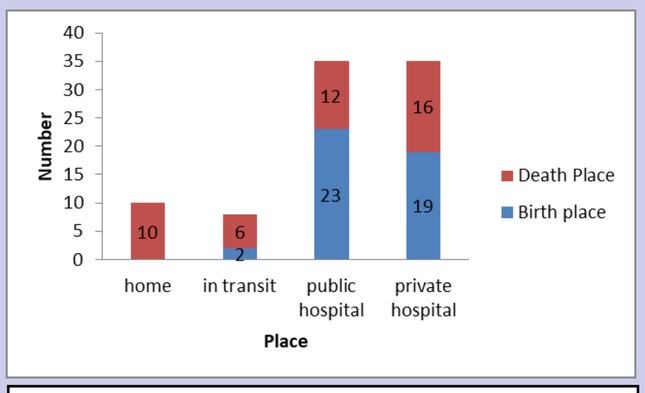

Fig.2 Place of death and birth

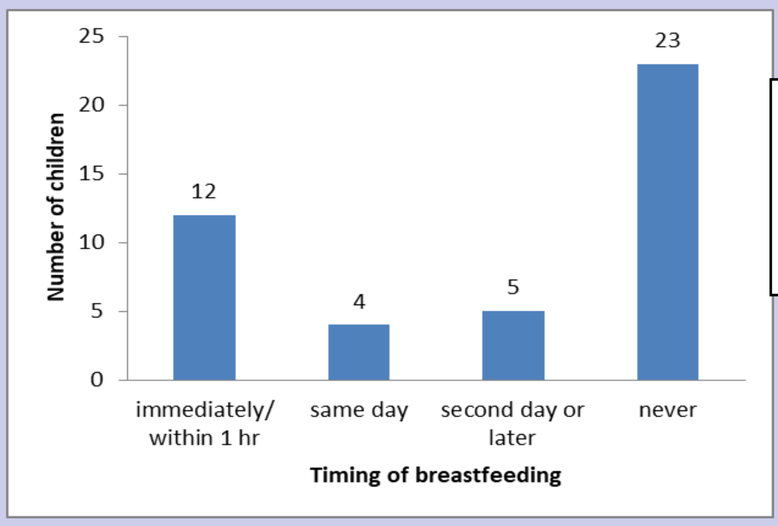

Fig.3 Timing of the breast-feeding

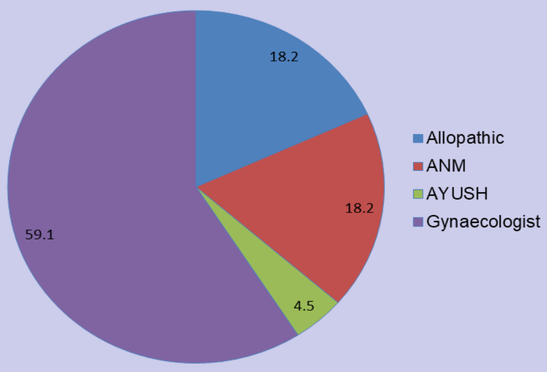

Fig 4.Type of Birth Attendant (in %)

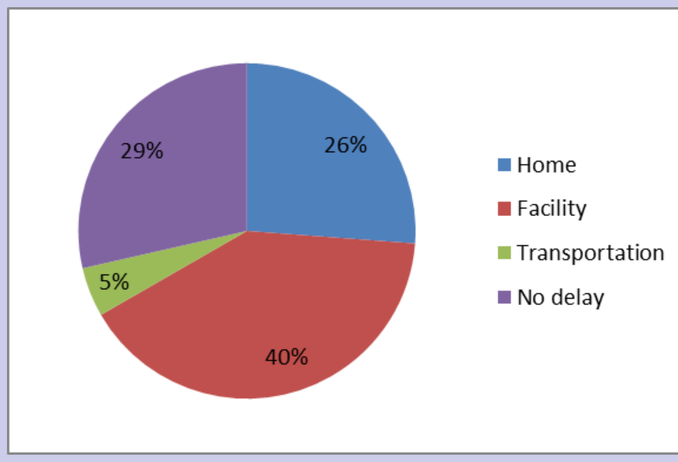

Fig.5 Perceived place of delay

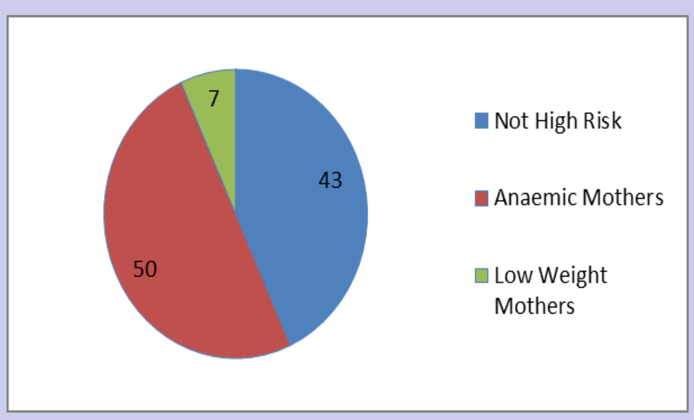

Fig.6 High Risk Status (in %)

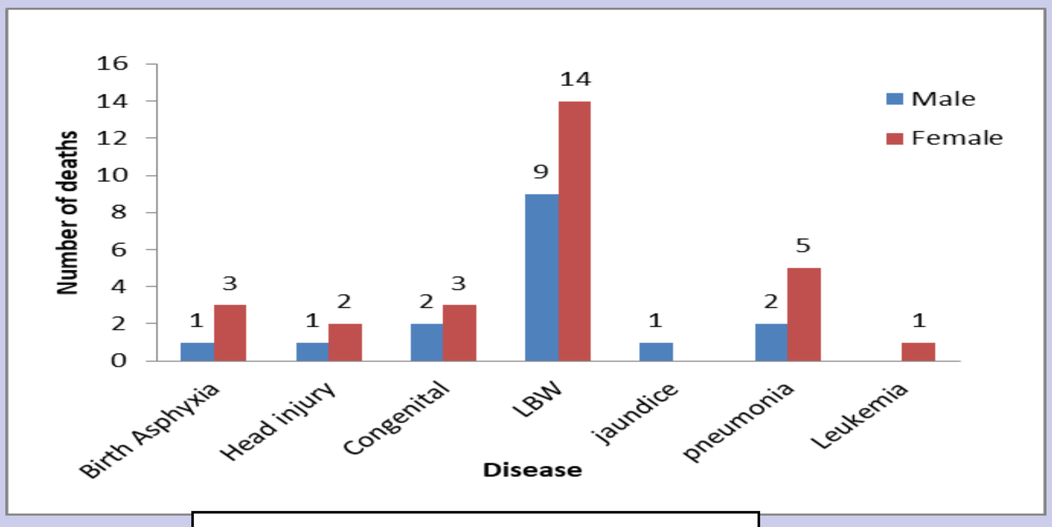

Fig.7 Causes of death in accordance to sex.

DISCUSSION

This study has been done to assess the causes for infant deaths in the district Bharuch and suggest interventions to bring the IMR down.

- The number of deaths in the BPL population was almost twice as that in the APL population which can be accounted to the socio-economic and cultural factors.
- The institutional deliveries were almost 95 percent .
- Hospitals were a place of death for around 67 percent raising a concern for the quality of care given to the newborn child.
- The majority of women did not receive timely antenatal care services, although there were ASHAs and community workers in the villages.
- The many cases of neonatal deaths in the hospitals due to preterm delivery shed light on the incompetence of hospital-based services to deliver required treatment to increase the survival chance of the neonates. Imbalanced health provider and factors like unavailability of doctor and lack of infrastructure acted as an added cause of neonatal death.
- It was also found that most of the children were referred twice, causing wastage of time in transportation, calls for a serious intervention.

SWOT ANALYSIS OF INFANT MORTALITY

STRENGTHS	WEAKNESS
• Full immunization • Kasturba Poshan Sahai Yojna • Bal Sakha Yojna 3 • Good HBNC Trust Hospitals like Sewa Rural and Jayaben Modi Hospital • Reporting system i.e. E-MAMTA	• SNCU at District Hospital is under construction • NRC at District Hospital is underdeveloped • Low follow up of infant health • Delay at facility level due to lack of a regular pediatrician • Lack of breastfeeding
OPPORTUNITY	**THREATS**
• Strengthen the SNCU and NRC • Strengthen the available facilities • Strengthen the ASHAs and ANM better in terms of their responsibilities • Technological advances like TECHO+	• Illiteracy and low socio-economic status • Under-reporting and lack of follow up of the migratory population • Myths among people and non-compliance • Tobacco and smoking prevalence in the population

INTERVENTIONS

For preterm babies and high-risk mothers

- Strengthen the coverage rate of screening of both high-risk infant and mother. This can be done in a 2 tier system. First by ASHA workers followed by the Medical officers and RBSK team.
- Strict follow up of High-Risk Mothers.
- Early ANC detection and increase in the percentage of ANC registration at all Taluka level
- Appointing a regular Paediatrician at the facility level

For a good infant care

Strengthening of RBSK team by regular training and knowledge assessment of the staff

- Strengthening of NBCC at all delivery points by ensuring the availability and maintenance of infrastructure.
- Strengthening of HBNC coverage by ensuring that the kits are delivered to the families
- Skilled personal for neonatal resuscitation and diagnosis which will help in timely referral and treatment