ASSESSMENT OF SPECIAL NEWBORN CARE UNITS USING NNFI ACCREDITATION TOOL

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INTRODUCTION

Child Health

In India, 26 Million babies are born every year and 940,000 babies die before one month of life, India carries the single largest share around 25-30 % of Neonatal deaths in the world. The neonatal period is only 28 days; yet, Neonatal Mortality Rate (NMR) contributes to about two- thirds of Infant Mortality Rate (IMR) and about half of under-5 Mortality Rate (U5MR).

Special Newborn Care Unit

SNCU is a neonatal unit in the vicinity of the labor room which provides level 2/3 care (all care except assisted ventilation and major surgery) for sick newborns . All district hospitals and sub – district hospitals with more than 3000 deliveries per year

should have a SNCU.

National Neonatology forum

The **National Neonatology Forum** (NNF) came into existence in 1980 through the initiative of a handful of leading pediatricians working in the field of neonatology. They set forth the following objectives for NNF:

- · To encourage and advance the knowledge, study and practice of the science of neonatology in the country;
- · To draw out recommendations for neonatal care at different levels;
- · To establish liaison with other professionals concerned with neonatal care.

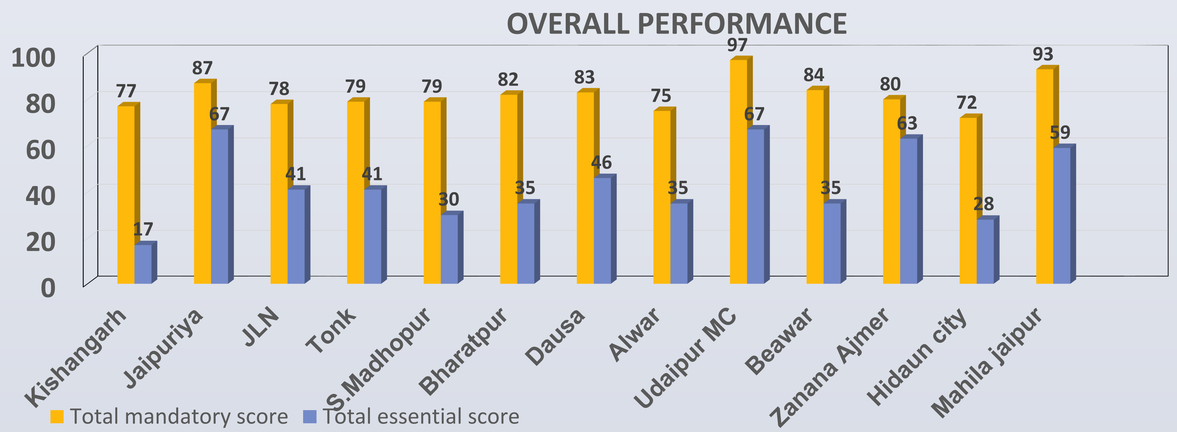
OBJECTIVES

1. To assess the status of Special Newborn Care Units (SNCU) in Rajasthan state according to NNFI accreditation tool
2. To identify gaps in the functioning of SNCUs in selected facilities of Rajasthan with help of national neonatal forum tool.

METHODOLOGY

- Study area- SNCU of Rajasthan
- Study Design - Cross-sectional study.
- Study period – April 2nd to June 1st 2018
- Sample Size – Total 13 SNCU out of total 57 SNCU (as per convenience)
- Study Tool – A pre-designed, pre-tested structured questionnaire
- Data Collection Technique – Primary data collected from the SNCU's that have been functioning for past one year through NNF Self-Assessment Tool and secondary data from online software of SNCU. Then data was analyzed in excel.

KEY FINDINGS



GENERAL FINDINGS FROM THE OBSERVATION:

- One medical officer (post MBBS) for the unit in each shift not available in SNCU.
- One Stethoscope with each neonatal bed not available in SNCU.
- A log book with daily shift –wise recording of temperature is not maintained in SNCU.
- The neonatal nursing staff or trained doctors in all transports (documentary proof) not available in Ambulance.
- A separate emergency tray for every 4 babies not available in SNCU.
- Surgical instruments (suture/ SET) not available in SNCU.
- Protocol to screen all high-risk babies for ROP(Retinopathy of prematurity).
- Written instruction / guideline for units cleaning, disinfection routines.

ONSITE CORRECTIONS

- Post referral analysis is being maintained (Zanana Ajmer, Kishangarh, Sawai Madhopur, Bharatpur)
- Daily shift – wise recording of temperature is being maintained (Hindaun city, Beawar, Kishangarh, Bharatpur)
- KMC log book is being maintained. (Hindaun city, Bharatpur, Alwar)
- Higher-lower referral contact details is being maintained. (Zanana Ajmer)
- Disinfection log book is maintained. (Sawai Madhopur, Kishangarh)

CONCLUSION

A modern special newborn care facility created in a district hospital can contribute a role in reducing neonatal morbidity and mortality by setting up their uniform processes and SOP's.

RECOMMENDATIONS

- As per observed from the field visits, It is suggested that there should be further state level monitoring of E-Upkaran, since it has been found that the maintenance of equipment is not satisfactory by E-Upkaran
- Mechanism should be developed for screening of ROP/OAE/BERA for high risk newborn
- All medical staff must be FBNC trained as early as possible after joining in SNCU and at least one FBNC trained MO must be available round the clock at the SNCU.
- It is observed that there is no guard available at night shift. So, It is suggested that there should be a guard present at all shifts.
- It has been observed that there is no option of hand drying after wash. So, There should be autoclaved paper towels or even autoclaved old newspaper cut into square can be used for this.