A study on Special Newborn Care Units of Rajasthan

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INTRODUCTION

Mortality	2001	2016	Reduction Points
Neonatal Mortality	47	28	19 Points (40%)
Infant Mortality	79	41	38 Points (48%)
Under 5 Mortality	103	45	58 Points (56%)

Relative reduction of Newborn mortality is slow

Special New Born Care Units

- State has established 53 SNCU (level II) across the districts. Out of which 16 units upgraded during FY2017-18.
- State is supporting 9 Medical College Level III NICU's by providing them operational costs for day to day requirements.

Why NNF accreditation ?

- It was like a Pre-Accreditation process to identify the gaps and operational issues pertaining to SNCUs.
- Setting up a standard according to the guidelines given by GoI.
- Compare the SNCU's functioning across the state on the basis of their Scores.

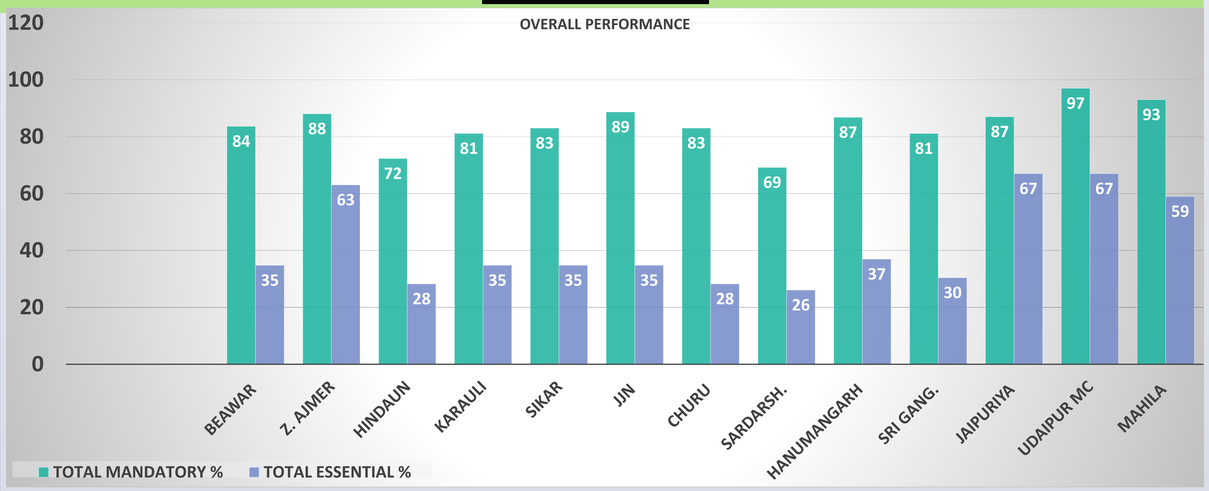
OBJECTIVES

1. To assess the status of Special Newborn Care Units (SNCU) in Rajasthan state according to NNFI accreditation tool
2. To monitor and 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
- Study population- 13 Special newborn care units
- Sampling Frame – 1/3rd Sampling as per convenience
- Sample Size – Total 13 SNCU
- 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



Mandatory Fields lacking in most of the SNCU's :

- 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)
- Daily shift – wise recording of temperature is being maintained (Hindaun city, Beawar, Sikar)
- KMC log book is being maintained. (Hindaun city)
- Higher-lower referral contact details is being maintained. (Sikar, Zanana Ajmer)
- HR record updated (Zanana Ajmer)

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.

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.