Summer Training , NHM, Gujarat

IIHMR UNIVERSITY

**IDENTIFYING THE GAPS FOR REDUCING**

**NEONATAL MORTALITY RATE**

**NEONATAL MORTALITY RATE:** The number of neonatal deaths per 1000 live births in a calendar year.

**NEONATAL DEATH** is defined as a death during the first 28 days of life (0-27days).

## OBJECTIVE

**To reduce the Neonatal Mortality Rate by identifying the gaps in health services i.e.**

- **Antenatal care**
- **Institutional deliveries**
- **Care for low and very low birth weight babies.**
- **Follow up by MO/ AYUSH**
- **Follow up by FHW/ ASHA**

## METHODOLOGY

**STUDY AREA : KHEDA DISTRICT,GUJARAT**

**STUDY DURATION: 2 MONTHS**

**MODE OF DATA COLLECTION:**

**Secondary Data:**

**Manual data recorded in Kheda district April 2016-March2017**

**In depth interview: with the Medical Officers, AYUSH, ASHA and FHW**

## ANALYSIS

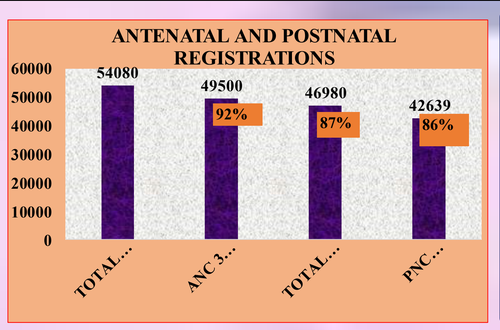
| MARCH 2016-April 2017 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | INFANT DEATH | | | | MATERNAL DEATH | | | | |
| LIVE BIRTH | STILL BIRTH | WITH IN 1 WEEK | 1WEEK TO 1 MONTH | 1MONTH TO 1 YEAR | TO-TAL | 1YEAR TO 5 YEAR | DURING PREGNAN-CY | DURING DE-LIEVERY | WITHIN 6 WEEK OF DELIVERY | TOTAL |
| 46732 | 282 | 293 | 97 | 90 | 480 | 31 | 8 | 0 | 18 | 26 |

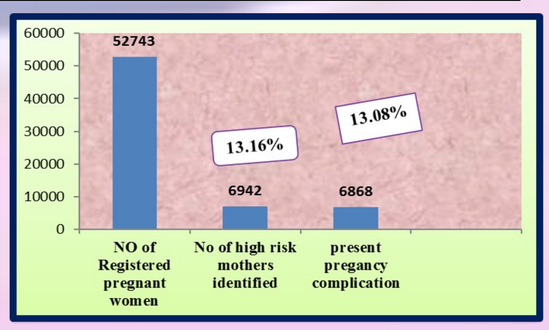
| REASONS FOR DEATH | | | | | | | |
|---|---|---|---|---|---|---|---|
| ASPHYXIA | SEPSIS | PNEUMONIA | DIARRHOEA | PRETERM BIRTH COM-PLICATION | INJURIES | CONGENITAL DEFORMITY | OTHERS |
| 109 | 18 | 20 | 17 | 79 | 13 | 20 | 236 |

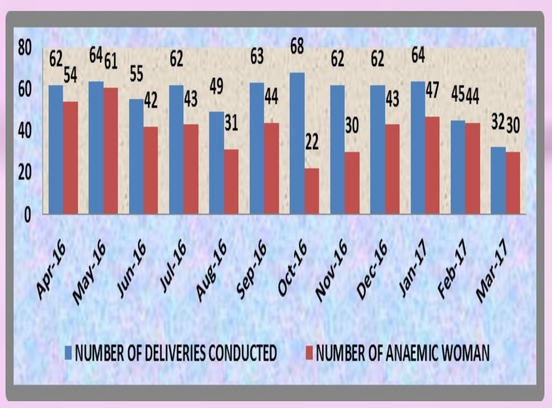
**TOTAL 46980 DELIEVERIES CONDUCTED IN THE NADIAD DISTRICT OUT OF WHICH 282 STILL BIRTHS AND TOTAL 480 INFANT DEATHS ARE RE-PORTED. OUT OF TOTAL INFANT DEATHS 390 ARE THE NEONATES. ACCORDING TO THIS IMR IS 10.27 AND NMR IS 8.34 THAT ARE TOO LOW. THIS IS DUE TO THE:**

**UNDERREPORTING BY THE FHW DUE TO THEIR**

- **LACK OF KNOWLEDGE**
- **PRIVATE HOSPITAL DID NOT REPORT NEONATES DEATH HAPPENED IN THEIR HOSPITAL.**


**Total ANC registered in 2016-2017 54080 out of which registered pregnancies are 52743, out of those registered 6942 are high risk mother and present pregnancy complications are 6868, so total deliveries are 46980 out of which 19213 deliveries were in govt. hospital.**

## MAJOR GAPS IDENTIFIED:

- **NICU is there but full-time pediatrician is not there in CHC Dakor.**
- **Patients and medical equipment's are there but full-time gynecologist is not there in Civil Hospital.**
- **Blood storage bank is there but blood is not available in CHC Dakor .**
- **Blood storage unit is not there in civil hospital nadiad despite such a workload of deliveries and 87% women are anemic from total deliveries.**

## RECOMENDATIONS

- **Increasing number of PHC and CHC is not the solution, available PHC, CHC must be fully functional otherwise it is wastage with scarcity.**
- **Incentives must be given to the staff (gynecologist, medical officer) according to their workload for the appreciation.**
- **Online system for the reminder of next visits by calling on their registered phone number should be there to avoid drop outs in ANC visits and child immunization.**
- **Vaccination should be available for reducing pneumonia and diarrhea because pneumonia and diarrhea is one of the major causes in mortality.**
- **Blood donation camp should be organized to increase the blood availability in blood banks.**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