

The Vulnerable Newborn: Time We Pay Attention to Them !

Nepal is one of those few countries in track for achieving its Millennium Development Goal 4 for reducing mortality rates among children under five by two thirds. The Ministry of Health and Population and all the partners involved are to be credited for this accomplishment. The corner stone of this success has been the focused and innovative programs, addressed towards this age group. Notable among these programs are the National Vitamin A distribution to preschool age children, Community Based Integrated Management of Childhood Illnesses, including antibiotic treatment for pneumonia through community based Female Community Health Volunteers and high immunization coverages.¹

However, the gain in under five mortality reduction has not been reflected in similar decline in neonatal mortality. At the present neonatal mortality rate of 33 per thousand live births, it accounts for 66 percent of the current infant mortality rate of 51 per 1000 live births, making it the key health indicator requiring focused action.^{2,3} Yet, till the year 2000, Nepal's clinical health sector's response was limited to a couple of neonatal intensive care units catering to a handful of very sick babies, and within the public health sector, the newborn fell in a vacuum between the successful child health program and the safe motherhood health activities, with neither assuming full responsibility for the defenseless newborn.

In many ways, the destiny of our vulnerable Nepali newborns is dominated by a single statistic: 81 percent of deliveries take place at home in the absence of a Skilled Birth Attendants (doctors, nurses and auxiliary nurse midwives). Data of births and deaths are rarely well maintained and it is difficult to be precise on the causes of mortality. Hospital based data do suggest that the major direct causes of neonatal death in Nepal are infection, birth asphyxia, preterm birth, and hypothermia.⁴ More recent, community based data present a similar picture.⁶

The large number of home deliveries, ritual segregation of newborns and their mothers and the difficult terrain of the country, impedes access to care, thereby making health and survival of Nepali newborns very challenging. However, these are challenges that have been addressed in other developing countries too and which do not, generally, require high tech or high cost interventions. Reaching the newborns and their mothers at their homes, especially within the first day and first week of life, when mortality is the highest, will be the key to success. As efforts continue towards increasing skilled care at birth and institutional deliveries, we can positively influence the health of the newborn through improved care practices at homes by the care providers and the peripheral health workers who may have access to them. This would include mass awareness campaigns for improving practices in essential newborn care behaviors and targeted interpersonal communication to families by community health volunteers. It would also include measures to manage neonatal infection, hypothermia, and provision of extra care for low birth weight babies at the community level through community health volunteers. Finally awareness and understanding of danger signs among families and peripheral care providers needs to be increased in order that appropriate timely referrals take place. These are the key elements for improving survival and reducing neonatal deaths in Nepal at the present state.

The challenges are huge, however, the country has initiated steps towards improving newborn health and survival. The Ministry of Health and Population endorsed a National Neonatal Health Strategy in January 2004. Several community based programs addressing the newborn at the family and home level were also tested by the Ministry and its partners. The Child Health Division and the Family Health Division in the Department of Health Services joined hands to take the learning from these community

programs to develop a Community Based Newborn Care Package, endorsed by the Ministry of Health and Population in December 2007. Both Divisions will lead the testing of this package in some selected districts in the country with support from stakeholders. The tested package will thereafter be scaled up nation-wide. Along the same time, efforts are now being taken up by the National Health Education, Information and Communication Center at the Department of Health Services to initiate a nation wide media campaign for behavior change and communication on neonatal health issues. Similarly, improvement in skills of health workers for newborn care is being taken up through strengthening of pre-service and in-service curricula for physicians, staff nurses and the expansion of the skilled birth attendant curricula.

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