

Neonatal Care Scenario in the slums of Meerut, Uttar Pradesh: Implications for Program and Policy


MNCH Study in Meerut Slums

Conducted by: UHRC, JHU and CSMMU (KGMU)

Funded by: United States Agency for International Development

Outline of presentation

- Background
- Neonatal care scenario in slums of Meerut
- Program and policy implications



Neonatal Care Scenario in the slums of
Meerut, Uttar Pradesh: *Background*

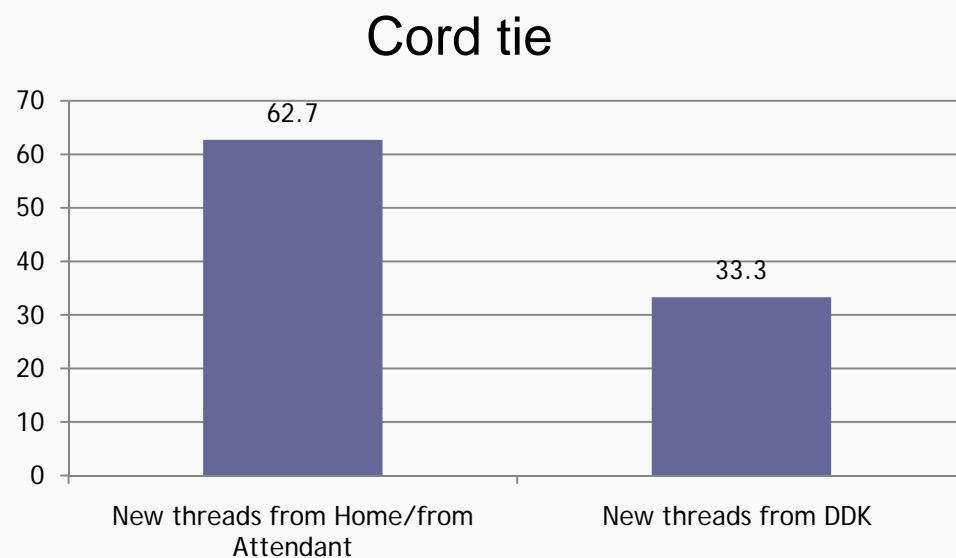
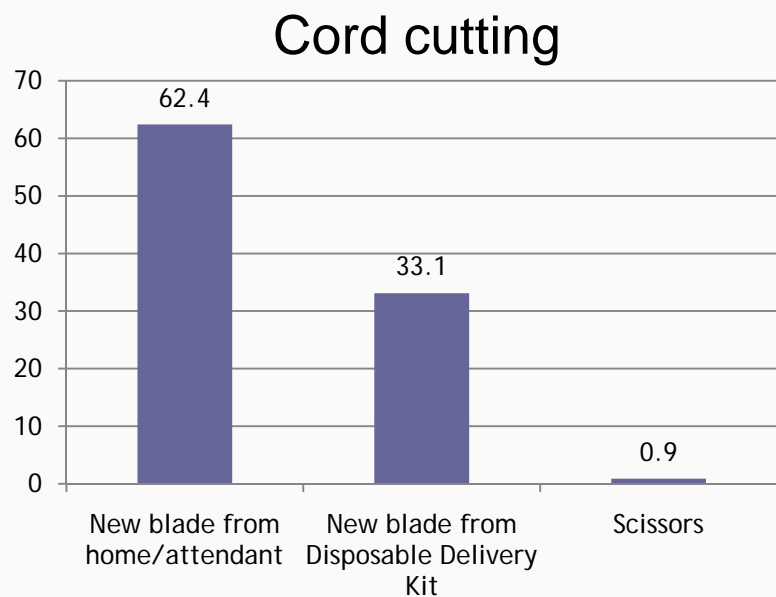
Background

- India accounts for about a quarter global neonatal deaths; about 1 million deaths annually
- Every year over 3.1 lakh babies are born among the urban poor in UP (around 26000 births per month)
- Out of these almost 18,000 babies are delivered at home each month
- Poverty, poor living conditions and lack of awareness about healthcare needs and services result in inadequate care during pregnancy, delivery and postnatal period



Neonatal Care Scenario in the
slums of Meerut, Uttar Pradesh :
Cord care

Instrument for Cord Cutting and Cord Tie



- An unclean instrument to cut the cord and an unclean thread for tying it are potential sources of infection to the newborn¹.

1. Healthy Mothers and Healthy Newborns: The Vital Link. Population Reference Bureau and Saving Newborn Lives

Application on cord

- In 38% cases something was applied on the cord
- The most commonly applied substances were

Potentially harmful

- Ghee* (64%)
- Mustard oil (13%)
- Talcum powder (12%)

Not necessarily harmful

- Antiseptic such as “Dettol” or “Savlon” (21%)
- Neosporin powder (11%)

- Application of these substances is commonly perceived to help
 - Drying of stump
 - Early detachment of stump
 - Prevention of infection

* *Clarified butter*

Complete cord care

- Complete cord care entails²
 - use of new blade for cutting the cord
 - a new thread for tying
 - dry cord care (nothing applied to the cord).
- Only 50% newborns received complete cord care

2. World Health Organization. Essential Newborn Care: Report of a Technical Working Group Geneva:1996



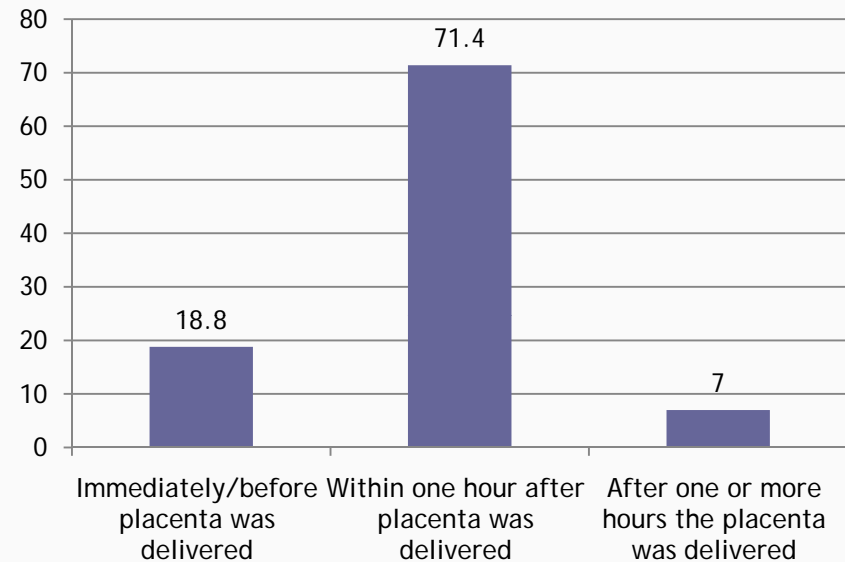
Neonatal Care Scenario in the slums of Meerut, Uttar Pradesh: Thermal protection

Thermal Protection: Drying and Wrapping

Drying



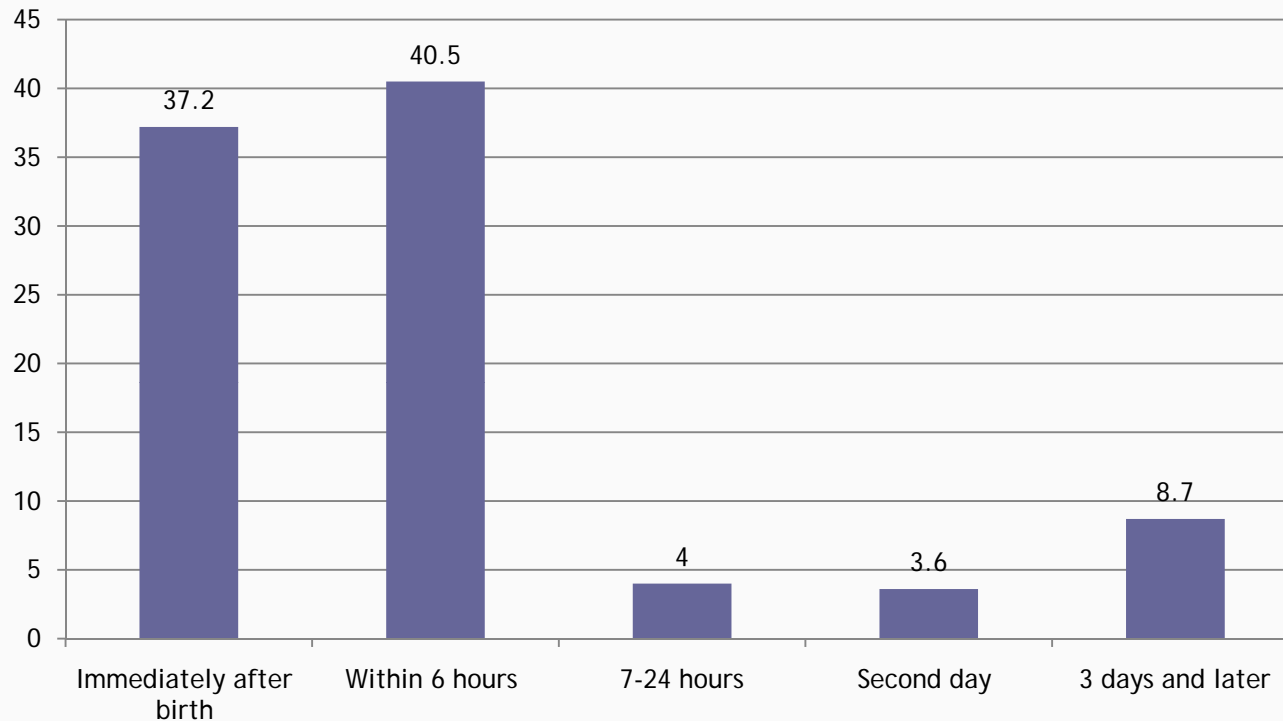
Wrapping



- Only 23.5% newborns were dried immediately after delivery
- Only 18.8% newborns were dried and wrapped immediately after delivery
- Hypothermia can easily occur if a newborn is left wet and unprotected from cold while waiting for the placenta to be delivered³

3. Week, A. Umbilical Cord Clamping after Birth – Better not to Rush. *BMJ* 2007;335: 312-313 (18 August). Accessed from <http://www.bmj.com/cgi/content/full/335/7615/312> on 2nd Sept.'08.


Thermal Protection: Delaying bathing



- Almost 78% newborn were bathed within 6 hours of birth

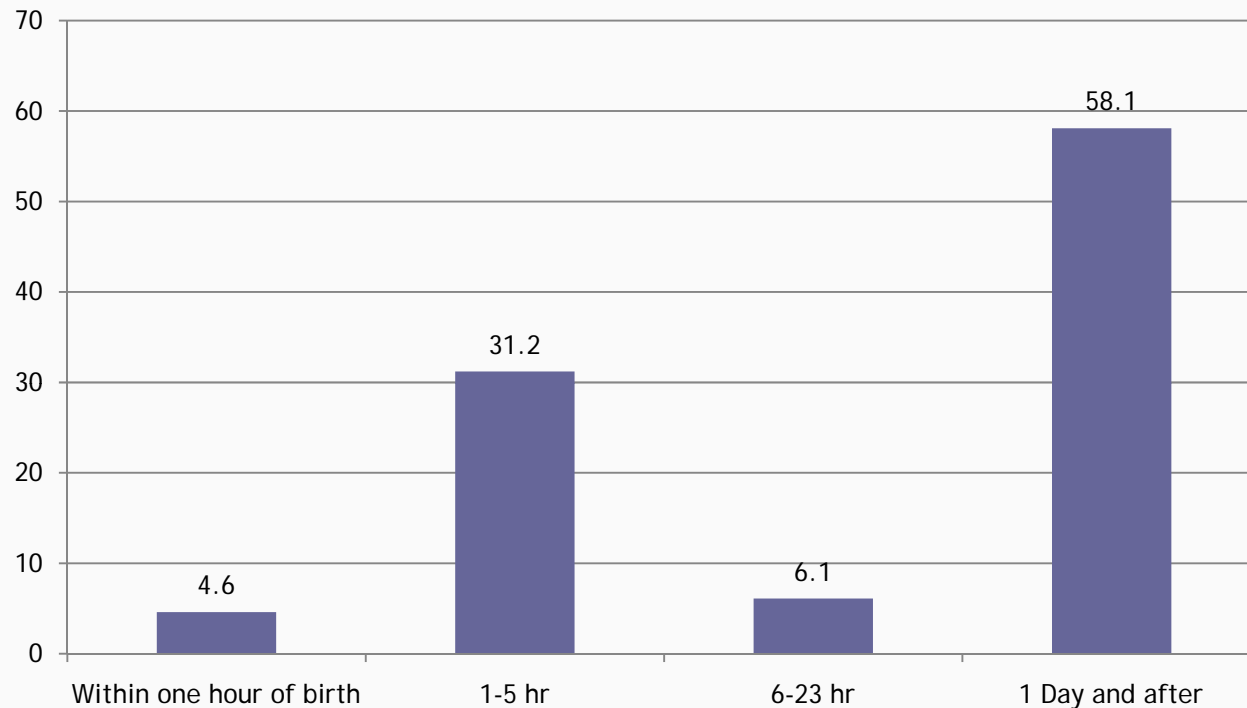
Complete thermal protection

- Complete thermal protection entails
 - drying and wrapping the newborn before the placenta is delivered
 - delaying first bath of newborn till after six hours of birth
- Only 0.6% newborns received complete thermal care thus showing the high vulnerability of newborns in Meerut slums to hypothermia



Neonatal Care Scenario in the slums of
Meerut, Uttar Pradesh: *Breastfeeding*

Timely initiation of breastfeeding and colostrum feeding



- Timely initiation of breast feeding has been proved to save newborn lives⁴. In less than 5% newborns, breastfeeding was initiated timely i.e. within one hour of birth
- Only 54% newborns were fed colostrum

4. World Health Organization. Essential Newborn Care: Report of a Technical Working Group. Geneva:1996

Pre-lacteal feeding


- 93.6% newborns were fed pre-lacteals
- The pre-lacteals most commonly given were
 - Herbal concoction (Ghutti) - 48.1%
 - Black tea - 46.7%
 - Honey - 16.9%
 - Plain water - 4.5%
 - Sugar water - 4.8%
- The reason for giving pre-lacteals was (a) to clear up the newborn's intestines and (b) avoid indigestion by immediate feeding of breast milk



Neonatal Care Scenario in the slums of
Meerut, Uttar Pradesh: Post natal
preventive care

Postnatal care

- 32.5% newborns received a postnatal check up
 - 14% within 24 hours of delivery
 - 22% within 48 hours of delivery.
- 64.7% newborns who received postnatal care were checked by an unqualified practitioner




Neonatal Care Scenario in the slums of
Meerut, Uttar Pradesh: Health problems of
newborns and care seeking

Health problems in newborns

- Around 70% mothers reported that the newborns faced health problems
- The common health problems among newborns as reported by mothers were
 - cold (13.1%)
 - diarrhea (12.6%)
 - respiratory problems (11.3%)
 - fever (10.5%)

Care seeking for sick newborn

- Home remedies were the first resort for treatment of newborns
- 90% mothers sought care. 63.5% of mothers sought care from unqualified private providers
- The local unqualified private health care providers were frequently consulted because of proximity to the home and flexibility to pay later.
- Less than 1.0% mothers sought care from a public facility.
- Neonate was taken to a qualified provider
 - Upon referral from unqualified practitioner
 - Extended duration of illness
 - Perceived greater severity of illness



Neonatal Care Scenario in the slums of
Meerut, Uttar Pradesh: Program/policy
implications

Summary of findings

Essential newborn care

- Only 50% newborns received complete cord care
- Only 0.6 newborns received complete thermal care
- In less than 5% newborns, breastfeeding was initiated timely i.e. within one hour of birth

Preventive check up

- 32.5% newborns received a postnatal check up and 14% within 24 hours

Care of sick newborn

- 70% mothers reported some sort of illness in newborns
- 90% sought care
- 63.5% mothers who sought care for sick newborns approached unqualified private providers

Key interventions

- Household behavior promotion for Essential Newborn Care and demand generation
- Improving neonatal illness recognition and care seeking
- Improving availability and quality of affordable neonatal healthcare services

Household behavior promotion and demand generation

- Regular skill building of mothers, family members, slum based birth attendants and other care givers
 - Counseling through group meetings, home visits by trained slum based volunteers/USHAs
 - Take-home pictorial cards, street theatre, puppet shows, films
 - Use of local radio stations/cable services

Improving illness recognition and care seeking

- Improved/timely illness recognition by family through counseling and home visits
- Facilitation support through trained slum-based volunteers linking families to right facilities

Improving Availability and Quality of Health Services

- Training local unqualified dais/slum volunteers to provide
 - Essential newborn care at birth
 - Timely referral
- Capacity building of health staff to provide
 - Essential newborn care
 - Identification of danger signs
 - Recommended care under IMNCI
 - Care with sensitivity and compassion
- Subsidized treatment options for the poor
 - Navajat Suraksha Yojana
 - Expand basket of providers-PPP may be explored

Need for a Navjaat Suraksha Yojana(NSY)

Adapted from JSY, this could include:

- Financial support/incentive to poor families for treatment of sick newborns at facilities
- Socially committed private doctors could be accredited to provide services to increase care seeking at facility
- Trained slum volunteers to facilitate prompt care seeking helping identifying sick newborns as per algorithm
- Scheme could be piloted in urban areas where
 - a) Geographical access is less of a constraint as compared to rural areas; and
 - b) More medical personnel are available

I am a newborn; I cannot wait; I want to live

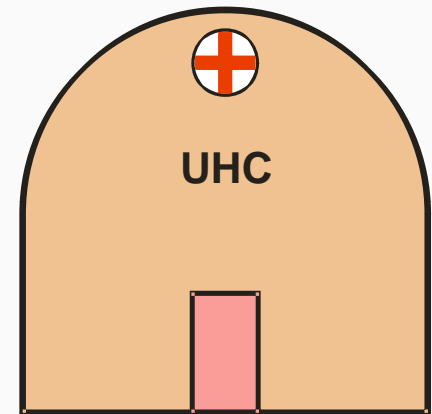


Trained health volunteers

And NSY benefit for the poor

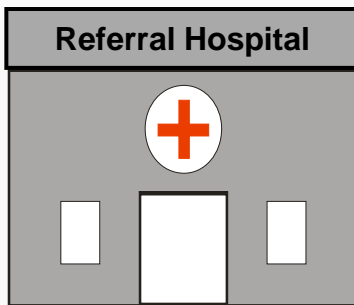


Prompt transport



UHC

UHC with upgraded newborn care facility



Referral Hospital

Upgraded tertiary hospitals for referral



Socially committed private doctors