

## Editorial on Neonatal Mortality and Quality Neonatal Care

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### EDITORIAL

The neonatal mortality rate in India is amongst the highest in the world and skewed towards rural areas. Nonavailability of trained manpower along with poor healthcare infrastructure is one of the major hurdles in ensuring quality neonatal care. We reviewed case studies and relevant literature from low and middle income countries and documented alternative strategies that have proved to be favourable in improving neonatal health. The authors reiterate the fact that recruiting and retaining trained manpower in rural areas by all means is essential to improve the quality of neonatal care services. Besides this, other strategies such as training of local rural healthcare providers and traditional midwives, promoting home-based newborn care, and creating community awareness and mobilization also hold enough potential to influence the neonatal health positively and efforts should be made to implement them on a larger scale.

More research is demanded for innovations such as “m-health” and public-private partnerships as they have been shown to offer potential in terms of improving the standards of care. The above proposed strategy is likely to reduce morbidity among neonatal survivors as well. Globally four million deaths occur every year in the first month of life. Almost all (99%) neonatal deaths arise in low-income and middle-income countries. In India alone, around one million babies die each year before they complete their first month of life, contributing to one-fourth of the global burden. The neonatal mortality rate in India was 32 per 1000 live births in the year 2010, a high rate that has not declined much in the last decade.

India’s neonatal mortality rate dropped significantly, that is, by 25%, from 69 per 1,000 live births in 1980 to 53 per 1,000 live births in 1990 followed by a 15% decline from 51 to 44 per 1,000 live births between 1991 and 2000. In recent years the NMR has dropped by 15% that is; from 40 per 1000 live births in 2001 to 34 per 1000 live births in 2009. Urban-rural differences in neonatal mortality exist with the mortality rates higher by 50% in rural (42.5/1000 live births) compared to urban (28.5/1000 live births) areas, as per the National Family Health Survey (NFHS-3). The

common causes of neonatal deaths in India include infections, birth asphyxia, and prematurity which contribute to 32.8%, 22.3% and 16.8% of the total neonatal deaths, respectively.

India is one of the ten countries, along with China, Democratic Republic of Congo, Pakistan, Nigeria, Bangladesh, Ethiopia, Indonesia, Afghanistan, and Tanzania that account for more than 65% of all intrapartum related neonatal deaths. Despite the recognition of neonatal survival as a key to child survival, poor progress in neonatal survival in India poses concern regarding attainment of the fourth Millennium Development Goal (MDG) target, that is, to reduce under-5 child mortality by two-thirds by 2015.

All babies should receive the following:

- Thermal protection (e.g. promoting skin-to-skin contact between mother and infant)
- Hygienic umbilical cord and skin care
- Early and exclusive breastfeeding
- Assessment for signs of serious health problems or need of additional care (e.g. those that are low-birth-weight, sick or have an HIV-infected mother)
- Preventive treatment (e.g. immunization BCG and Hepatitis B, vitamin K and ocular prophylaxis)

Families should be advised to:

- Seek prompt medical care if necessary (danger signs include feeding problems, or if the newborn has reduced activity, difficult breathing, a fever, fits or convulsions, or feels cold)
- Register the birth
- Bring the baby for timely vaccination according to national schedules
- Some newborns require additional attention and care during hospitalization and at home to minimize their health risks.

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