

NEWBORN

Miracle ! A female community health volunteer saved an almost-dead newborn

Mina Devi Patel, a local resident of Bhikhampur village-3 in Parsa district, became pregnant at the tender age of 18. Girija Devi, a local Female Community Health Volunteer (FCHV), advised Mina Devi to visit a nearby health institution for safe delivery of her baby. However, Mina Devi's husband Harindra overlooked Girija Devi's advice.



Mina Devi with her baby.

Girija Devi and other women's persistent effort paid off. Mina Devi gave birth to her first baby.

To the dismay of every one, however, the baby was absolutely motionless. A pall of gloom descended on every one. They started whimpering. Neighbors thronged Mina Devi's house to pacify her. Some of them even started prepara-



A FCHV performs the use of bag and mask.

Birth asphyxia is one of the four main causes of newborn deaths. It is a condition in which a newborn baby can not breathe normally and fails to inhale sufficient oxygen. To save a newborn baby suffering from birth asphyxia, Female Community Health Volunteers (FCHVs) clear his/her airway (respiratory track) by removing secretions with the help of a de-lee suction pump. If the baby does not start breathing even after the removal of secretions, FCHVs blow air into his/her mouth by using bag and mask.

Girija Devi was yet to give up her effort. Well equipped with instruments necessary for helping virtually-dead babies breathe, she was determined to try her best. First, in an act of initial stimulation, she rubbed the baby's bag with a piece of soft and clean cloth. Then, she removed secretions from the baby's mouth and nostrils by using a De Lee suction pump. As both of these methods failed, she blew air into the baby's mouth for sixty times in one and a half minute by using bag and mask.

Unbelievably, the almost-dead baby started crying. Everybody appeared pleased. They appreciated Girija Devi's skills.

- Krishna Bd. Achhami & Jaya Mangal Thakur, Plan Nepal

In the wee hours of February 18 in 2010, Mina Devi suddenly felt labor pain. Harindra went to knock on Girija Devi's door, asking for her help in his wife's delivery. Girija Devi, accompanied by some village women, immediately sprang into action. However, even after hours of gnawing restlessness, Mina Devi failed to deliver baby. Only at around 10 in morning, Girija Devi witnessed one of the baby's legs coming out. She realized that baby was abnormally positioned in Mina Devi's uterus. Harindra began looking for a cart to take his wife to hospital while Girija Devi and other village women tried to place the baby in right position. Fortunately,

Girija Devi Female Community Health Volunteer



I learnt a lot of skills in newborn baby care training. Once my training was over, I started advising all pregnant women and their families to visit nearby health posts for safe delivery. However, not many people, including Mina Devi and her husband Harindra, listened to me. Consequently, Mina Devi was

in danger of losing her first baby. However, thanks to my equipments (suction pump, bag and mask) that I received in the training, Mina Devi's baby survived. First of all, I cleaned his mouth and nose by using suction pump. The pump did not work and I blew into his mouth by using bag and mask. The baby began crying. I cut the baby's umbilical cord. Everyone praised me. Now, I am more energized to help mothers.

Jayanta Prasad Patel Assistant Health Worker



I was passing by Mina Devi's house hours after she gave birth to her first baby, a local villager held me by my right arm. He said, "Girija Devi did a miracle." I had absolutely no idea what he was talking about. After some while, he explained me everything. I instantly felt myself on cloud nine for some one who had participated in our newborn care training saving an almost-dead baby. I rushed to Girija Devi's house and thanked her for what she did. I am proud of her.

Newborn deaths lead to frequent pregnancies

What is the current scenario of child health?
-Today, Under-Five Mortality Rate (U-5MR) has significantly reduced. However, the progress in the reduction of U-5MR has slowed down in the recent years because newborn death rate is still high. Now, we need to focus on reducing newborn deaths if we really want to make further progress in bringing down U-5MR.

Organization (WHO) and the United Nations Children Fund (UNICEF) had so many issues to deal with. So, protecting newborn babies did not quite become their priority. However, we are delighted that Save the Children took the lead in the issue of newborn babies. We all followed Save the Children.

How can we reduce newborn deaths?
If we want to keep bringing down U-5MR by reducing newborn deaths, we need to focus on three aspects. First, let us make sure every pregnancy is wanted pregnancy. If no woman becomes pregnant against her wish, chances of her having healthy life are very high. Unfortunately, many girls get married in early ages and become frequently pregnant. Unwanted and frequent pregnancies lead to births of premature and underweight babies.

When did Nepal exactly start focussing on saving newborn lives?
Even as the global effort to protect newborn babies started in mid 1990s, Nepal began it only around 2000. We reached a conclusion that programs for maternal, newborn babies and child health should not be separated from each other. We established a group called Partnership for Maternal Newborn and Child Health (PFMNCH) in 2004 with this very concept. I was the chairman of this group. Anne Tinker, the then director of Save the Children's SNL program, was one of the members of PFMNCH. We set up our headquarters in Geneva and devised a strategy to address maternal-newborn-child health care in a single compact approach. Most of donors joined us. That was when a systematic campaign for saving newborn lives kicked off. This campaign has gained much more prominence by now.

MALNUTRITION HAS BECOME A MAJOR HINDRANCE IN OUR EFFORT TO SAVE NEWBORN BABIES.

Second, let us make sure that every birth is safe birth. Many newborn deaths take place during delivery. We can prevent such deaths by increasing the number of Skilled Birth Attendants (SBA). In some circumstances, we should also provide incentives to them. And third, let us make sure that all babies remain healthy after their births. We need to do everything possible to keep babies healthy. If a baby, for instance, is born prematurely, we need to know how to keep him safe and warm. We need to make sure that all mothers properly breastfeed their babies. All mothers should know the importance of colostrums that helps their babies develop resistance power.

Are we on the right track to achieve Millennium Development Goal (MDG)-4?

As far as I know, we are on the right track. Various organizations like Save the Children and UNICEF are supporting the government, which is good to say the least. However, there are still things that we must do to save newborn babies. We must always look for underlying causes of such a high newborn mortality rate. Malnutrition has become a major hindrance in our effort to save newborn babies. We have not really emphasized the importance of nutrition. Similarly, the status of women in our society is very low. They become unwillingly and frequently pregnant. We need to look into these underlying causes to reduce newborn deaths. Although health professionals possess the knowledge about the problem of newborn deaths, most of our political leaders lack it. They virtually know nothing about the importance of saving newborn lives. They are delighted when they get to inaugurate big hospitals in cities. Building modern hospitals is important but we must not overlook the urgency of saving newborn babies. Politicians need to know a simple fact that they can save hundreds of newborn lives with the money spent in the kidney transplant or heart surgery of a single patient.

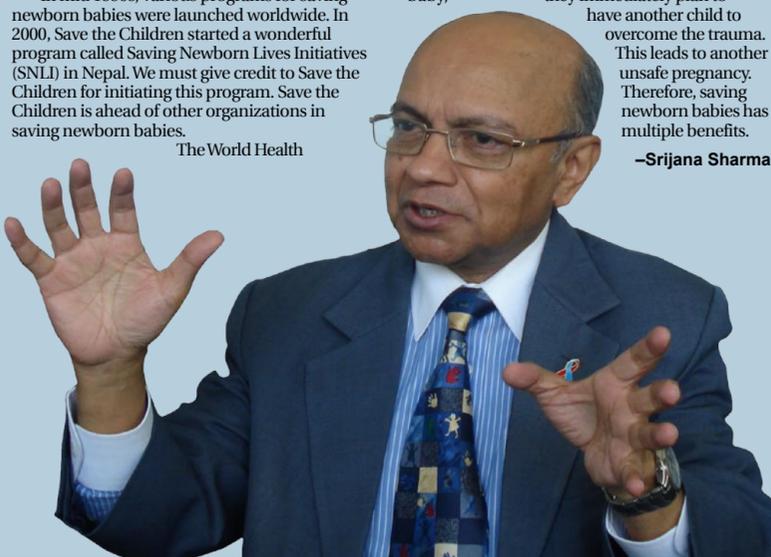
Why did the government not focus on saving newborn in the past?

It is not true that we did nothing to save newborn babies in the past. However, our effort was inadequate. We had scores of problems back then. We were not able to solve all these problems at once. So, we chose a big problem that we could solve with minimum investment. In 1970s, we saw immunization drive as an easy and relatively cheaper way to tackle child mortality menace. And, we focused on it.

Is the government's effort in saving newborn lives sufficient?

The government's claim is largely correct. But, it is not sufficient. We need to redouble our effort because a newborn baby's death might have several serious implications in his mother's reproductive health. When a couple loses their newborn baby, they immediately plan to have another child to overcome the trauma. This leads to another unsafe pregnancy. Therefore, saving newborn babies has multiple benefits.

The World Health



KUL CHANDRA GAUTAM
Candidate for President of UN general assembly (2011-12)

Tackling pneumonia-deaths

BURDEN OF DEATHS DUE TO PNEUMONIA INFECTION OF LUNGS

Over 50,000 children die before they reach the age of five every year in Nepal. Of them, about 30,000 children die of diseases that can easily be prevented or treated. Pneumonia is one of these simply-avoidable diseases. Pneumonia claims lives of about 10,000 children. What is more terrible is the fact that over 8,000 children die of pneumonia within the first months of their lives.



Dr Ashish KC

A CALL FOR ACTION

Now, the country's health policies and programs should emphasize translating knowledge into action, viz. strengthening existing health system to introduce pneumococcal vaccines, building a standard case-based management of pneumonia and neonatal sepsis at hospitals, effectively implementing community case management of pneumonia and neonatal sepsis through much-admired programs like Integrated Management of Childhood Illness (IMCI) and Community Based Newborn Care Program (CB-NCP), creating communities' demands for healthy behavioral practice to prevent pneumonia/neonatal sepsis and mobilizing various communities to win the trust of families and communities.

FAMILY AND COMMUNITY

Families and communities need to focus on the healthy behavioral practice to protect children and newborns from pneumonia and infections through early and exclusive breastfeeding for six months, continuous feeding for the first one year, complementary feeding after six months, immunizing them against measles and memophilus influenza. The practice for hand-washing is also important to save them.

CELEBRATING WORLD PNEUMONIA DAY

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CIVIL SOCIETY

With just five years left to achieve the MDG-4, the million dollar question arises whether the government and donor agencies/international communities will be able to ensure the effective coverage of simple cost-effective interventions like exclusive breast feeding, complementary feeding and hand washing. Now, all stakeholders like civil society, media, corporate and community need to come into the play-field because it is their social responsibilities to ensure these interventions to protect all babies born in Nepal. Their actions should focus on creating awareness among families and mothers about preventing deaths due to pneumonia.

(KC is Senior Program Coordinator of Saving Newborn Lives at Save the Children)

INTERVENTIONS TO PREVENT DEATHS DUE TO PNEUMONIA

Children's deaths caused by pneumonia can be prevented by applying some simple measures, i.e. exclusive breast-feeding for the first five months after their births, continuous and complementary feeding, immunization against haemophilus and pneumococcus, hygienic practice during delivery and child care, avoidance of indoor pollution and simple antibiotic regimen for pneumonia/sepsis treatment. It is good that Nepal is striving to achieve an effective coverage of these services.

NEPAL'S EFFORTS TO PREVENT DEATHS DUE TO PNEUMONIA AND NEONATAL INFECTION

Despite being one of the few least-developed countries, Nepal has an established health service delivery system. Community-based non-skilled health workers have been trained for administering vaccines as well as providing counseling for couples to adopt preventive measures and simple home-based antibiotic regimen against diseases like diarrhea and pneumonia. This has contributed in achieving a significant reduction in the number of child deaths since 1980s. While Nepal marches on the right track to achieve Millennium Development Goal (MDG)-4 (reduction in child mortality), all stakeholders now need to focus on the sustained coverage of interventions.

This page is dedicated to reducing newborn mortality rate in Nepal. If you have any comments, feedback, suggestion and queries, contact us at: cbncp.nepal@gmail.com • Also visit us at: www.cbncp.org.np

