



Editorial

Ending preventable newborn and child deaths

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India has made considerable progress in reducing newborn mortality, thereby reducing its share of the global newborn mortality burden from one-third of newborn deaths in 1990 to below one-fifth of total newborn deaths today. Nearly 46 per cent of all maternal deaths and 40% of neonatal deaths happen during labour or the first 24 h after birth. Some of the major causes of newborn deaths among babies <29 days old are—prematurity and low birth weight (48%), birth asphyxia and birth trauma (13%), neonatal pneumonia (12%) and non-communicable diseases (7%). Nearly 3.5 million babies in India are born too early, and 1 million newborns are discharged each year from Special Newborn Care Units (SNCUs). These newborns remain at high risk of death, stunting and developmental delay.

Many such deaths are largely preventable through access to skilled birth attendants and emergency health services during and after delivery. Enabling access to emergency services and obstetric care can go a long way in preventing the death of a newborn and its mother. In 2020, there were nearly 1 million fewer newborn deaths and 8520 fewer maternal deaths each month in India, as compared to 2016. This progress results from dedicated efforts to encourage institutional delivery, which enables access to obstetric care and emergency services. More women are delivering in health facilities today than they did earlier.

Just over a decade ago, six out of ten women delivered at home without the support of a skilled birth attendant, putting both their and their newborn's life at risk. Today, this number has reduced three-fold, with nine out of ten women delivering in a health facility. The quality-of-service delivery, though, needs to catch up with the increase in coverage. Early initiation of breastfeeding – an essential to ensure the health of the child – has been recorded in just 41% of cases, high rates of stillbirths (4/1000 births) and many deaths due to asphyxia in SNCUs are consequences of low quality of healthcare services delivery across the country.

The increase in coverage has also been inequitable among the majority of women who are tribal and from the poorest households. Often living in hard-to-reach areas, most women still deliver in their homes. So even though India has shown significant progress in the reduction of child mortality, the focus now needs to be on reaching the most marginalised, with particular attention on the girl child. The rapid scale-up of SNCUs in the country has accelerated the reduction of neonatal mortality. However, it has also brought to light socio-cultural barriers, societal biases and gender disparity. Although evidence reveals newborn girls as biologically more potent, they remain socially vulnerable due to widespread male child preference, reflected in the higher infant and under-five mortality of girl children. In India, more girl babies die than boy babies (U5MR) and the gender differential in under-five mortality rate is by 2 points. To ensure an enabling environment for the proper growth and

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development of every child, we should mobilise communities with social and behavioural change initiatives to:

- i. Generate demand for and uptake of quality Maternal and Newborn Health services, especially in hard-to-reach areas in aspirational districts
- ii. Address gender biases and harmful socio-cultural norms in newborn care-seeking.

The day of birth is the riskiest for both mother and newborn, with nearly half of all maternal deaths and 40% of newborn deaths and stillbirths happening on the day a child is born. Therefore, government should prioritise the day of birth with convergent interventions from health, nutrition and WASH

programmes that lead to a triple return on investments in terms of reducing maternal, stillbirth and neonatal deaths. Indian Academy of Paediatrics and its every member should support India's efforts to eliminate preventable neonatal deaths by 2030, with a particular focus on the girl child.

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