

LETTER TO THE EDITOR

Neonatal mortality in India - a goal in progress

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Dear Editor

Kumar et al. have addressed a fundamental national health concern in India, neonatal mortality¹. We would like to widen awareness of this issue among the medical scientific community by further highlighting steps taken by the Government of India to curb the existing high rate of neonatal mortality.

First, however, we would like to add the following comments. In our opinion, the Indian neonatal mortality rate (NMR) has not been adequately distinguished from the infant mortality rate (IMR). The current NMR is approximately 44/1000 live births, accounting for almost two-thirds of infant mortality and one-half of under-5 years mortality². The NMR is also one and a half times higher in rural areas than in urban areas³. However, there is scientific evidence to suggest that NMR, and hence IMR, can be

significantly reduced by higher literacy (especially female literacy) and better primary healthcare services⁴.

The National Neonatology Forum has contributed by undertaking country-wide training programs in neonatal care. In addition, the Reproductive and Child Health Programme II (RCH-II), Integrated Management of Childhood Illness (IMCI) and Integrated Management of Neonatal and Childhood Illness (IMNCI), as well as the broader Indian National Rural Health Mission launched in 2005, all aim to achieve a further, significant reduction in the IMR, especially in the high IMR belt that traverses the states of Orissa, Madhya Pradesh, Assam, Bihar, Uttar Pradesh, Haryana and Rajasthan⁵. While it is heartening that the Government of India has responded by launching various programs to improve neonatal care⁶, it is clear that to make an impact in these states, specific components of ante-natal, intra-natal and post-natal services must be strengthened. Such services include the promotion of timely and adequate



infant immunization, growth monitoring, care during diarrhoea and acute respiratory infections, and adequate breast-feeding and weaning supervision. To achieve this goal, the existing primary healthcare system must be made more accountable.

In addition to infant services, it is necessary to upgrade mother-care and family welfare services, because the age of the mother at childbirth, family size, birth order and birth spacing all have a profound influence on IMR. The Deccan Herald⁷ recently reported progress in the reduction of India's child mortality rate, with an average fall of approximately 2.6% between 1990 and 2006. However, if India is to reach the Millennium Development Goals set by the UN, the average annual rate of reduction over the next 9 years should be approximately 7.6%. We certainly hope this proves to be achievable.

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