

Enquiry into the deaths of Newborns at Nashik District in 2017-18

Presentation of the Report and Discussions with Hon' Minister and senior officials of Department of Health and Family Welfare, Maharashtra:

Record of Proceedings

Meeting was held on 6th April 2018, began at 11.30 am and proceeded for about two hours.

The Meeting was chaired by the Dr Deepk Savant, Hon. Minister, Public Health and Family Planning and convened by Dr Pradeep Vyas, Principal Secretary, Public Health Dept.

Others present were

1. Dr Sanjeev Kumar, Commissioner (Health Services) & Director (NHM)
2. Dr A.Patil, Addil Director, DHS (SFWB)
3. Dr Satish Pawar, Addil Mission Director, NHM
4. Dr. ..Special Secretary to Minister
5. Dr Geeta Kakade, Assit. Director, DHS
6. Dr. Suresh Jagdale Civil Surgeon, Nashik District Hospital
7. Dr. Sushil S Wakchoure, District Health Officer, Nashik.
8. Dr Sundararaman, Dean, SHSS, TISS, Mumbai, Convenor of TISS enquiry team
9. Dr Narendra Kakade, Assistant Prof. SHSS, TISS, Mumbai- Member of Enquiry team
10. Dr. Manish Arya, Lilavathi Hospital- also Member of enquiry team,
11. Dr Bal Rakshase, Associate Prof. SHSS, TISS, Mumbai
12. Mr Sagar Sinha, Research Assistant/Student TISS.

The meeting was convened for a consultation over the findings and recommendations of the enquiry report submitted to SHRC on the Deaths of Newborns at SNCU, Nashik in year 2017 at the instance of the Maharashtra State Human Rights commission.

The enquiry team set up by TISS, made a presented their report on Newborn Deaths at Nashik SNCU. Each of the points of findings and recommendations was deliberated and discussed during the meeting. The officials also pointed out several steps that have already been taken in this direction. (The details of the presentation are not repeated here. The power-point slides used for the presentation are attached and it is self-explanatory).

We record the inputs received from Minister and officers with respect to the recommendations of the inquiry team.

1. There was much discussion on the problems of introducing neonatal ventilators and the recommendation to upgrade 16 beds in the 36 bed units into level 3 care. The concerns in implementing such a recommendation- a) there is no clear guideline for this from the NHM/Central Ministry which recommends only level 2 SNCU care b) Level 3 care is tertiary care and therefore better undertaken by the department of medical education and not the department of public health. It could be located in the tertiary care hospital under them in

Nashik. c) Introduction of ventilators would further increase work-load and public expectations. There was no disagreement with the contention that a considerable number of babies would be saved with ventilator support and level 3 care and not much increment would happen at the hospital without it- but the question was really of who should undertake this. Also if it is done here there is a case to do the same across most districts- at least all those districts where there are no medical college hospitals. The enquiry team appreciated these issues, but pointed out that nevertheless for bringing down intra-SNCU mortality, these measures are going to be required. As regards the rising public expectations, civil society and political society would have to understand that well functional SNCUs will make deaths more visible, but this should not be confused with increasing deaths. The staff working in such centers must feel supported against misplaced public ire.

2. With regard to the suggestion to the number of level 2 SNCUs to one for every 5 lakh population (which means about 10 to 12 in all), the department reported that it had sanctioned one more and was planning to sanction some more. There are problems of finding pediatricians and neonatologists for further expansion. A suggestion was mooted that the Nashik SNCU could also act as training center and be used to train medical officers who are willing to work in these SDH/RH where SNCUs will be proposed. But officers were unsure of how this HR challenge could be met.
3. Most deaths are due to prematurity and low birth weight and this in turn was related to social determinants like early marriages, early pregnancies, and multiple pregnancies with no spacing. There is a need to strengthen the mother's health at each stage of her life cycle and not only at the point of pregnancy or delivery. To address these social determinants the main accountability should be of other departments such as Women and Child Welfare, Rural Development Department, Tribal Development Department, Food and Civil Supplies etc.
4. One area of concern was the very weak primary and secondary care in the urban areas- which come under the urban municipality. Many of the sick newborns and complications coming in from urban areas could have been prevented. It was pointed out that it is very difficult to coordinate with the urban governance structures for health areas. This could be vastly strengthened if there is a directorate and/or department of health services created at state and city level within the urban local bodies- who are then accountable for showing better outcomes and with whom the state departments could then coordinate.
5. There was also discussion on the high quality of data that is available in SNCUs and which can be analyzed further to identify hot spots from which more cases are coming and to identify more social determinants and use such analysis to direct preventive public health action. Timely referrals and transport delays also tend to be concentrated in some PHC areas- where primary care and referral transport systems could be strengthened.
6. On most other recommendations there was agreement, and many of these could be considered. On some of the recommendations the government has, even prior to this report, initiated a number of measures- and these include setting up neonatal care expert advisors, additional equipment, upgrading newborn stabilization units to SNCU etc.

The enquiry team agreed to include all these concerns into the report- and modify the report accordingly and submit. The Minister and the secretary thanked the team for the presentation

and informed us that they are already seized of these issues and would be addressing them and the findings and recommendations of the report would help in this process.