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KOCHI: Kerala has pioneered many an innovative health project in the country. The state's strengths are the near absolute literacy rate and the almost total access to a hospital-based system for all mothers. While this has significantly reduced newborn morbidity, the incidence of premature births and low birth weight babies is between 30-40 percent of all deliveries in the state.

Birth-related injuries namely birth asphyxia (poor oxygenation to baby's brain leading to irreversible brain damage and cerebral palsy) account for up to 20 percent of all admissions to any newborn ICU (NICU) in the state.

This is indeed pitiable as it leads to a huge burden on society, family and health delivering system which we cannot afford.

The Department of Neonatology of the Amrita Institute of Medical Sciences has done a unique study to evaluate and suggest a protocol for the newborn health service system in the state. Classifying high risk pregnancy was the first step as the mother could be transferred to a specialised centre with advanced NICU facilities including ventilation.

The sad unpredictable part is that up to 30 percent of so called 'normal deliveries' can become high risk during labour necessitating advanced facilities or transfer to a higher centre. For every hundred deliveries ten will require NICU care and three will need ventilator care.

The study points out that regionalisation of new born care is the need of the hour. Training programmes like brain protective strategy and Neonatal Advanced Life Support (NALS) should be introduced to MBBS syllabus. All doctors should undergo certificate training in neonatal resuscitation, the study suggests. Many a time a doctor is ill equipped to give the 'first breath' to a baby. A breath not revived within the stipulated period or a heart beat within 10 minutes leads to irreversible brain damage and cerebral palsy.

Continuous Positive Airway Pressure (CPAP) is the most important strategic healthcare programme which could revolutionise the fate of thousands of babies who require ventilatory assistance in India for breathing difficulty, the study suggests.

For CPAP, a low-cost assisted ventilation device costs Rs 25,000 but a good machine comes between Rs 75,000 and Rs 1,35,000.

The AIMS study found that 76 percent of all babies born below 32 weeks gestation could be managed with CPAP alone. For the total time spent on assisted ventilation, CPAP accounts for 70 percent and costly mechanical ventilation devices (9-10 lakhs) are needed only for the rest.

Neonatal ICU posting and rural posting should be made compulsory for all doctors and they should also go for refresher courses in NALS because they make the first contact with the baby during delivery. NALS certification should be made mandatory for all doctors and healthcare workers dealing with maternity care.

All maternity services should be NALS certified, and log books and certificates should be maintained for promotion. Existing programmes need to be amplified to ensure full coverage of the first personal contact with the baby.

According to the study, this simple strategy can reduce birth asphyxia by about 5-7 percent.

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