## GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

UNSTARRED QUESTION NO:3382 ANSWERED ON:31.08.2012 INFANTS DEATHS Punia Shri P.L. ;Venugopal Shri P.

## Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether death of a number of newly born babies/infants has been reported in hospitals in various States including West Bengal and Jammu and Kashmir;

(b) if so, the details thereof, State/UTwise;

(c) whether the Government has sought any report from respective State/UT Governments to ascertain the reasons for the huge number of infant deaths in above mentioned States; and

(d) if so, the details thereof along with the action taken by the Government against erring officials and the corrective measures taken by the Government in this regard?

## Answer

## THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDEP BANDYOPADHYAY)

(a) to (b): There were media reports of death of infant and newborn in West Bengal, Jammu and Kashmir and Assam during the financial year 2011-12. The details are as below.

State Hospital Reported Period Reasons deaths in media

Behrampore 12 July,2011 The reason was Sadar Hospital, referral of Murshidabad seriously sick Dr. B.C Roy 12 October,2011 children from West Bengal institute, neighbouring Kolkatta districts and Burdwan Medical 12 October,2011 hospital.The college Medical reasons Malda Medical 15 January, 2012 were low birth college and weight,prematurity, Hospital asphyxia, septicaemia

Assam Civil Hospital, 41 December,2011 and Pneumonia in Kareemgunj -January,2012 most of these deaths

Jammu & G.B Pant 62 May, 2012 Kashmir Hospital, Srinagar

(c) & (d): the respective State Governments carried out investigation of these reports and concluded that deaths are occurring due to referral of critically sick newborn and children from the neighbouring districts and hospitals. The enquiry did not reveal any negligence on part of hospital. Various steps taken by the State Governments are as follows :

1) Strengthening of neonatal services through establishment of special newborn care units, newborn stabilization units and newborn care corners in these hospitals on a priority basis.

2) Conducing capacity building workshops for training of doctors and nurses in facility based management of newborn.