

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:2944

ANSWERED ON:13.03.2015

PREMATURE BIRTHS

Azad Shri Kirti (JHA);Singh Shri Parvesh Sahib

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

- (a) whether the Government has taken note of a large number of premature births in the country;
- (b) if so, the number of premature births reported and the number out of them died during each of the last three years and the current year along with the reasons therefor, State/UT-wise;
- (c) whether the Government has taken note of the report of Indian Foundation for Premature Babies which states that half of the babies born in high income settings are likely to survive at 24 weeks, but in low income settings half of the babies born even at 32 weeks die, if so, the details thereof and the reasons therefor;
- (d) whether the Government proposes to provide financial assistance to such poor families to save the infant's life and strengthen the tertiary care services at medical colleges across the country and if so, the details thereof; and
- (e) the measures taken/proposed to be taken by the Government to deal with the issue of premature births and spread awareness in this regard?

**Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA)

(a) to (c): Yes. As per recent WHO Publication "Born too Soon" and "Delivered too Soon" published by Indian Foundation for Premature Births, the preterm birth rate ranges from 5-18 percent across the world which is 13 percent for India. Out of these preterm births 10 percent of these babies die due to various complications. Three quarters of premature babies could be saved with current, cost – effective interventions like Kangaroo Mother Care, antenatal corticosteroids and early initiation of breastfeeding etc. even without the availability of neonatal intensive care facilities.

State wise segregated data on number of preterm births and deaths is not collected under RCH programme.

(d) & (e): Under National Health Mission (NHM), the following interventions are implemented to reduce neonatal mortality rates in the country:

1) Promotion of Institutional Delivery through Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK): Promoting Institutional delivery to ensure skilled birth attendance is key to reducing both maternal and neo-natal mortality. JSY incentivizes pregnant women to opt for institutional delivery and provides for cash assistance. JSSK entitles all pregnant women to absolutely free and zero expense delivery including caesarean section operation in Government health facilities and provides for free to and fro transport, food, drugs and diagnostics. Similar entitlements have also been put in place for sick neonates.

2) Strengthening Facility based newborn care: Newborn care corners (NBCC) are being set up at all health facilities where deliveries take place to provide essential newborn care at birth to all new born babies; Special New Born Care Units (SNCUs) at District Hospitals and New Born Stabilization Units (NBSUs) at FRUs are being set up for the care of small and sick newborn. As on date 565 SNCUs, 1904 NBSUs and 14163 NBCCs are functional across the country.

3) Home Based Newborn Care (HBNC): Home based newborn care through ASHA has been initiated to improve new born care practices at the community level and for early detection and referral of sick new born babies.

4) Ensuring single dose of Injection Vitamin K prophylaxis in all the births in all the public and private health facilities even at the sub centre by ANM.

5) Provision of Support in the annual state plans for up scaling of Kangaroo Mother Care (KMC) in all health facilities.

6) Empowering frontline health service providers (ANMs) to give a pre referral dose of antenatal corticosteroid (Injection Dexamethasone) to pregnant women going into preterm labour and pre-referral dose of Injection Gentamicin and Syrup Amoxicillin to newborns for the management of sepsis in young infants.

7) Capacity building of health care providers: Various trainings are being conducted under National Rural Health Mission (NRHM) to

build and upgrade the skills of doctors, nurses and ANM for early diagnosis and case management of common ailments of children and care of newborn at time of birth.

8) Management of Malnutrition: Emphasis is being laid on reduction of malnutrition which is an important underlying cause of child mortality. 891 Nutritional Rehabilitation Centres have been established for management of Severe Acute Malnutrition (SAM). Exclusive breastfeeding for first six months and appropriate infant and young child feeding practices are being promoted in convergence with Ministry of Woman and Child Development.

9) Village Health and Nutrition Days (VHNDs) are also being organized for imparting nutritional counselling to mothers and to improve child care practices