President's Page

Neonatal Survival - Role of Family Counsellor

As paediatricians, there is no need for any one to remind us that neonatal mortality contributes maximum to unacceptably high infant mortality in many parts of the country. We do know that low birth weight contributes maximum directly or indirectly to the high neonatal mortality. It is also true that anaemia and poor nutritional status of the adolescent mother predisposes to low birth weight, which in turn compromises on the developmental outcome. Our challenge really is to reach out to all mothers and provide them basic antenatal care, safe delivery and essential newborn care. Lack of transport facility for in-utero transfer of a high-risk foetus to a centre with better facilities is probably the most critical stumbling block. Yet, we also now know that provision of services alone do not make a difference, as utilization of nearby facilities in the urban slums is often poor. Neonatal survival has to become the felt need of the community and in turn the family. Is there anyone who can help empower the family to seek appropriate help, support and guidance - for both medical and non-medical inputs? Providing a "family counsellor", a Unicef supported initiative in Tamilnadu may be the answer.

The plight of neonates in India today is similar to that of under fives 30 years ago, which shows the mortality, morbidity and growth and development status as really poor. Then came the Integrated Chid Development Services (ICDS) scheme. There is no doubt in our mind that ICDS is probably the best that has happened to the Indian child. The poorest of poor child in the remotest place also now has a better chance of survival with adequate developmental potential. Will the "family counsellor" concept do for the newborn what ICDS anganwadis have done for the older children? We do not know yet, we don't even have a successful model. But the concept has cropped up in all national discussions, be it in the form of tribal volunteer, village health volunteer or even in the form of a second worker in the anganwadi. We need to understand the concept, pilot models and explore the possibility of introducing the same in the RCH-II, to be launched soon.

Village/Town Action Committee

The basic unit of this concept is the village/ town action committee in which members of various groups such as the village / town panchayat, self-help groups, adolescent girls groups, youth/fan clubs, parent-teacher associations, NGO representatives, government officials and other influential persons in the community *etc*…, all function together for the common good of the people. The main responsibility of the action committee is to bring about desirable changes among the people with regard to mother-child care.

- *Creating awareness among the people:* Every month, conducting cultural programs, special events, public meetings etc… about a particular issue and creating awareness about it among the public.
- *Providing group education:* Providing the already existing groups such as self-help groups, adolescent girls groups, youth groups, village panchayat, *etc.* with the relevant information about mother-child care in order to bring desirable changes among the people.

- *Providing counselling to specially identified families:* Regularly visiting families having specially identified persons such as pregnant mothers, post natal mothers, 0-2 month old (neonatal) babies, and 2-24 month old babies and providing them with constant advice. Observing and monitoring their behaviour until such desirable changes are evident. In order to do this, each member will be provided with a Family Counselling Format.

Family Counselling Format

The Family Counselling Format is provided to each of the Action Committee Members. It consists of four major sections. It is not necessary to use all the sections at the same time and provide counselling. It is sufficient to use the section suitable for the group being met with.

1. For pregnant mothers
2. For delivered mothers
3. For 0 - 2 month old babies (neonatal) and
4. For 2 - 24 month old babies

For instance, when the member is meeting a pregnant mother, he/she must use the relevant section earmarked for the pregnant mothers.

Every section contains on the left side the questions to be asked and on the opposite side, the advice to be given to the family. Depending upon the response given by the person or family member to the specific question asked, suitable advice must be provided. It is not enough to merely ask the questions but also to observe them keenly. In case of any dangerous symptoms, they must be immediately referred to or taken to the nearest hospital equipped with a 24-hour emergency facility. Along with the women, the member must meet the husband and other elders in the family and also provide them with counselling.

Course of action while counselling

- First and foremost, welcome them and greet them.
- Put the questions to them in the proper manner
- Listen and observe carefully while they respond
- If they have done something worthy, express your appreciation
- Provide the advice and counselling
- Ask if they understood properly and demonstrate if necessary
- Take the necessary action
- Meet them repeatedly and provide counselling.

We must encourage every parent to plant a sapling at the time of the birth of a baby, male or female and support and nourish it throughout, just as they would do for a child. It is high time that Government of India launches a neonatal survival and development mission within the RCH II framework. The Unicef supported pilot experience of Tamilnadu suggest that there is real merit in the 'Family Counsellor' concept. Yet before thinking of up-scaling the same, we - the members of the Indian Academy of Paediatrics and the National Neonatology Forum together need to deliberate on the same, so that the paediatricians of India become true advocates of the newborns.

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