

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED PARLIAMENT QUESTION 4998
TO BE ANSWERED ON 1st April 2022**

NEW BORN DEATHS DUE TO SEPSIS

4998: DR. ARVIND KUMAR SHARMA:

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

- (a) whether the Government has taken cognizance of the thousands of newborn deaths because of sepsis, mainly caused by antimicrobial resistance to treatment drugs;
- (b) if so, the details thereof;
- (c) whether the Government has taken measures to manage anti microbial resistance and prevent death among newborns due to sepsis; and
- (d) if so, the details thereof and if not, the reasons therefor?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) to (d): As per the Sample Registration System (SRS) of Registrar General of India, the major causes of Newborn mortality in India are Prematurity & LBW (48%), Birth Asphyxia & trauma (13%), Pneumonia (12%), Sepsis (5.4%), Congenital anomalies (4%) and Diarrhoea (3%).

In order to bring down child mortality all across the country, the Ministry of Health and Family Welfare (MoHFW) is supporting all States/UTs in implementation of Reproductive, Maternal, New-born, Child, Adolescent health and Nutrition (RMNCAH+N) strategy under National Health Mission (NHM) based on the Annual Program Implementation Plan (APIP) submitted by States/ UTs.

Facility Based Sick New-born Care Units (SNCUs) at District, Sub District level Hospitals including Medical Colleges and New-born Stabilization Units (NBSUs) at First Referral Units (FRUs)/ Community Health Centres (CHCs) have been established for care of sick and small babies.

Facility Based Newborn Care (FBNC) Training modules and Standard Operating Protocols have been issued for prevention and management of sepsis in Newborn, where use of prophylactic antibiotics for prevention of nosocomial infections has been strongly condemned in order to prevent emergence of resistant strain of bacteria. Guidance have been given on requirement of Blood culture prior to starting of antibiotic in clinically suspected cases and for correct usage of antibiotics in neonatal sepsis.

Several capacity building programs such as Facility Based Newborn Care (FBNC), Newborn Stabilization Units (NBSU), Navjat Sishu Suraksha Karyakaram (NSSK), Facility based

Integrated Management of Neonatal and Childhood Illnesses (F-IMNCI) and Integrated Management of Neonatal and Childhood Illnesses (IMNCI) trainings for health care providers are supported in the States/UTs for promoting judicious use of antibiotics and improving the quality of service delivery for newborns.
