



At-risk Baby Care in Bangladesh

Hasiba Hasan Joya

Asgar Ali Hospital, Bangladesh

Abstract

Child marriage (13/14yrs) is still common in Bangladesh. This is one of the highest adolescent birth rates in the world, that is 113 per 1,000 live births (UNICEF). The children of mothers who are less educated are more vulnerable, have less access to health care and evidence shows that they are more prone to life-threatening diseases. As per World Health Organization (WHO) survey, leading cause of neonatal deaths in Bangladesh (2017) - 30% Preterm birth complications, 23% Intrapartum related events, 20% Sepsis/ tetanus, 13% Congenital abnormalities, 1% Diarrhoea, 6% Pneumonia, 8% Other conditions preterm birth. In Bangladesh under-five mortality has been steadily declining from 144 deaths per 1000 live births to 38 deaths per 1000 live births in the period between 1990 and 2015. Though Bangladesh courageously achieved the Millennium Development Goal (MDG) 4 target of a two-thirds reduction in under-five mortality, the burden of neonatal mortality continues to remain a concern. Neonatal mortality also declined from 63/1000 to 23/1000 during the same time period, but the magnitude of the decline was not as great as for under-five mortality. The proportion of neonatal deaths out of all under-five deaths actually increased from 44% to 62% from 1990 to 2015. Bangladesh Post Natal Care (PNC) has been emphasized in the “National Neonatal Health Strategy and Guidelines (NNHS) of Bangladesh”.

PNC is provided free of charge at government health facilities. PNC is provided both at health facilities and during home visits by community health workers in efforts to make the service accessible from the community to tertiary level. During home visits community health workers focus on the i) promotion of new born care (early/ exclusive breastfeeding, warmth, hygiene); ii) promotion of nutrition & family planning counselling to mothers; iii) providing information about danger signs of both mother and new born; iv) Identification of danger signs in new born and referral; v) support for breastfeeding; and vi) care of low birth weight infant (feeding, skin-to-skin contact). In Bangladesh Child Development Centres (CDCs) have been established within government medical college tertiary hospitals. Initially Fifteen (15) CDCs were established in major government hospitals. Services entail a parent-professional partnership in a child and family friendly environment with a focus on assessment, diagnosis, and management of a range of neuro-developmental disorders in children and adolescents 0-16 years of age. Services are provided by a multidisciplinary team of professionals (child health physician, child psychologist, and developmental therapist) who emphasize quality of services. In 2008, Dhaka Shishu (Children’s) Hospital was given the mandate by the government to conceptualize, train, and monitor CDCs nationwide. It was processes for the establishment of the national network of CDCs in Bangladesh; where our country taken initiate to provide early childhood development services in a low resource setting.

Biography

Hasiba Hasan Joya is a Consultant Habilitation and Speech Language Pathologist. She is experienced in Autism Management; Parents Counsellor & Disability Development. She is a Lecturer at Hearing Impaired & Education Management. She has worked for Children with Speech Disorder (Hearing Impaired, Autistic Children, Children with Behavioural Problem), Intellectual Disable Children, Cerebral-Palsy Children, Deaf Blind Children, Cleft Lip-Palate Children, Cognitive Delay Development, Children with speech disorder. She is also a trainer of Special Education, Inclusive Education, Special Educators, Teachers, Field Mobilizer, Community Development worker for Children with Special Needs.

Publication

1. Release of the Report on Sustainable Development Goals and Disability
2. Habilitation Training with AVT, Cochlear Nucleus Training Institute, India (2006 – 2007)



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