

Researcher's goal is to reduce neonatal mortality

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A doctoral dissertation at Örebro University has led to a national effort in Bangladesh next year to reduce maternal and neonatal mortality in the country.

"For me research is a way of doing good in society," says Animesh Biswas.

Dr Biswas is also a member of the governmental committee in Bangladesh which in a few weeks will decide on guidelines for a nationwide health project based on his doctoral thesis.

Biswas' dissertation concerns the high risk of maternal and [neonatal mortality](#) in Bangladesh. Even if progress has been made over the past twenty years – maternal [mortality rates](#) have fallen by two-thirds and neonatal mortality has more than halved – levels in Bangladesh remain high by international comparison.

Measurable goals for how much mortality rates are to be reduced, have this year been formulated in the United Nations' new Sustainable Development Goals (SDG), replacing the former Millennium Development Goals (MDGs). The aim is that Bangladesh will reduce its maternal mortality rate from 170 to 70 per 100,000 [live births](#) by the year 2030. During the same period, the goal is that neonatal mortality rates will fall to 12 per 1,000 live births. In Sweden, the figure is two per 1,000.

A premise for achieving this goal is accurate reporting of deaths and cause of deaths. Animesh Biswas has constructed a model, MNDR or Maternal and Neonatal Death Review System, for this purpose and has tested it in a number of districts in Bangladesh. A tangible result is the mapping of proximity for each mortality. Several cases in one place lead to an investigation of the causes, enabling preventive measures to be applied.

"We have mapped both medical and social causes of deaths. Social factors may include complications in childbirth occurring in the home, which perhaps should have been performed in the hospital or with the help of trained midwives," says Animesh Biswas.

A third part of Animesh Biswas' model is an approach to help prevent future mortality of mothers and newborns. When a death occurs, health workers gather family, neighbours and others concerned, including a local community leader, to talk about the death. The key word here is confidence-building.

"People are very receptive in such a situation, because they are in shock. Here it is crucial not to seek or identify a guilty party, but instead reason about how similar things can be avoided in the future," says Biswas.

Part of MNDR is replacing the previous paper-based, centralised and incomplete registry with a web-based, local collection of information.

The UN World Health Organization, WHO, has asked Animesh Biswas to share the results of his research, and he views UNICEF as a potential partner in his home country.

"The MNDR from Bangladesh can also be readily used in other countries, primarily in Africa," he concludes.

Provided by Örebro Universitet

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