

# **Meeting of Core Committee and Review of Infant Mortality Rate**

**Date:** 16<sup>th</sup> September 2011

**Time:** 4.00 pm.

**Venue:** Directorate of Health Services

# Sample Registration System 2009

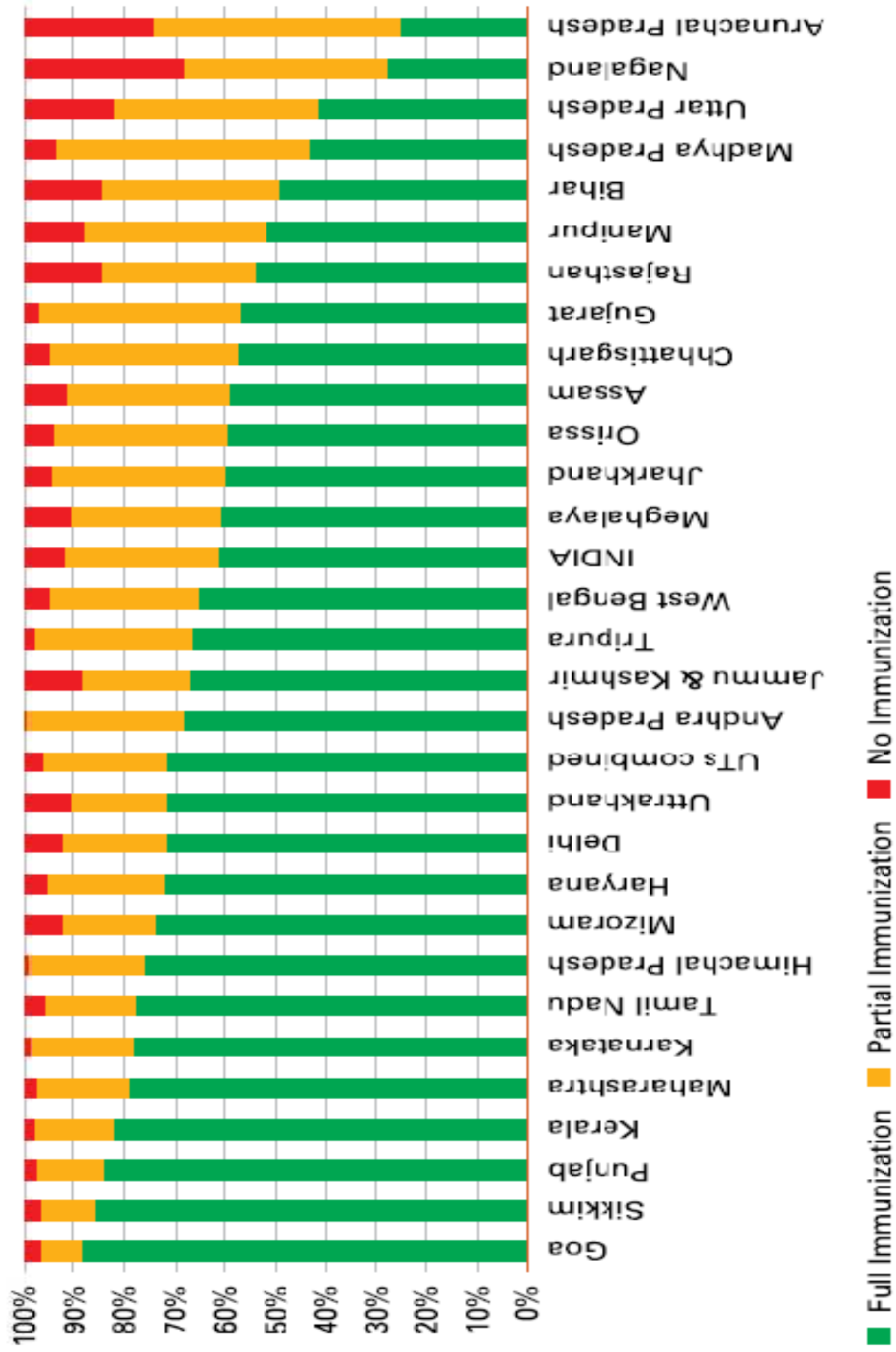
	Goa			India		
	Total	Rural	Urban	Total	Rural	Urban
<b>Birth Rate</b>	13.5	13.0	13.9	22.5	24.1	18.3
<b>Death Rate</b>	6.7	8.2	5.8	7.3	7.8	5.8
<b>Natural Growth Rate</b>	6.8	4.8	8.1	15.2	16.3	12.5
<b>Infant Mortality Rate</b>	11	11	10	50	55	34

# Infant Mortality Rate by Sex

Per 1000 live births 2009

	Total	Male	Female
Goa	11	7	14
India	50	49	52

**Figure 4.2: Immunization Status Among 12-23 months Children by States**



**Action taken on the minutes of the last  
meeting held on 11<sup>th</sup> March 2011**

- **Breast Feeding Promotion**

VHA provides counseling to mothers both at Gynaec and Pediatric OPD/wards for both ANC and PNC cases. Four counselors are appointed.

- During the year 2011 -12 mothers counseled

	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>
<b>GMC</b>	<b>475</b>	<b>494</b>	<b>221</b>	<b>372</b>
<b>Asilo</b>	<b>615</b>	<b>910</b>	<b>885</b>	<b>649</b>
<b>Hospicio</b>	<b>472</b>	<b>491</b>	<b>400</b>	<b>458</b>

- Hand bills produced.

# Referral Transport

- 108 - Neonatal Care Ambulances – Two launched on 15<sup>th</sup> August 2011. Both the ambulances stationed at GMC. Since that time 4 neonates are transferred.
- During the month of:
  - May** 229 pregnant, 6 neonates and 10 pediatric.
  - June** 236 pregnant, 3 neonates and 22 pediatrics.
  - July** 280 pregnant, 5 neonates and 25 pediatric.
  - Aug** 309 pregnant, 8 neonates and 32 pediatric.
- Drop back home facility will be provided with the support of Kadamba Transport Corporation.



**5<sup>th</sup> Sep'08 launch of 108 services in Goa.**



**5<sup>th</sup> Sep'08 Flag-off of ambulances.**



**15<sup>th</sup> Aug'11 Flag-off of Neonatal Ambulance.**



**15<sup>th</sup> Aug'11 launch of Neonatal Ambulance.**



**15<sup>th</sup> Aug'11 launch of Neonatal Ambulance by Honorable Chief Minister Mr Digambar Kamat.**

# EMS GOA - PROGRESS STATISTICS

(5<sup>th</sup> Sep'08 – 25<sup>th</sup> August 2011)

Emergencies Served	: 1,00,808
Medical	: 94,911
Police	: 4,600
Fire	: 1,297
Vehicular Trauma (RTA)	: 24,157 (25%)
Non-Vehicular Trauma	: 9,069 (10%)
Acute Abdomen	: 7,633 (8%)
Pregnancy related cases	: 6,927 (7%)
Cardiovascular	: 6,720 (7%)
Deliveries in Ambulance (up to Jun'11)	: 144
Response Time (Call to Scene Avg.- Jun'11)	: Urban 11:15 (MM:SS) Rural 15:28 (MM:SS)
Lives Saved (up to Jun'11)	: 8,580 (8/day)
No of ambulances	: 22
Districts covered	: North & South

# EMRI staff save boy born in ambulance

TIMES NEWS NETWORK

**Panaji:** A baby, partially stuck midway during birth in an ambulance, as the umbilical cord was wrapped around his neck, was saved by an emergency medical technician (EMT) of the EMRI 108 services.

The incident occurred on Monday at Ansona, a bank-posted at Ansona, was shifting a pregnant woman from the Bicholim primary health centre, to Maspusa's health centre. The mother's condition was such that it would have been difficult to handle the delivery at the PHC.

The baby received a call for an inter-facility transfer. EMRI's neonatal ambulance, led by Anusha Sawant and pilot Parshuram Wadkar were on duty at the time. The PHC staff at Bicholim hospital and the ambulance departed with the patient. EMRI 108's Goa in-charge, Dr Dyaneshwar Shelke said.

"EMT Sawant was conducting regular vitals check and even gave the patient left arm and right hand oxygen. The patient started showing intense labour pains with amniotic fluid leakage. The EMT immediately stopped the ambulance and started growing pains occurring and initiated delivery in the ambulance as per advise. The infant was partially stuck midway during birth with cord being wrapped around it's neck. Sawant of the ambulance took the patient taking expert advice cut the cord leading to safe delivery. The baby was born in a good and healthy condition. Mother and child were admitted in a stable condition at Asilo. Shelke added, Shelke conducted 134 deliveries in ambulances till date. "EMT's are trained to handle pregnancies and we have kits in the ambulance," Shelke said.

The EMT stopped the ambulance when she saw crowning and initiated delivery in the ambulance. The infant was partially stuck due to the umbilical cord being wrapped twice around it's neck. Sawant after taking advise cut the cord leading to safe delivery of the baby.

**Dr Dyaneshwar Shelke**  
EMRI 108's in-charge

Dr Dyaneshwar Shelke, head of Emergency Medical Service, told reporters that the baby's birth was premature (32.2 weeks) and its birth weight was also very low (1.6 kg). Soon after receiving the information about the criticality of the baby the EMRI team transported it to the nearest neo-natal intensive care unit.

The baby was given the required warmth in the transport incubator and also provided artificial respiration through transport ventilator, informed Dr Shelke.

He informed that the EMRI has received nearly 5,66 lakh calls since its inception on September 5, 2008 till July end, and said that on an average 534 calls are received daily. He said the service has saved around 8,580 lives, that is around 8 lives per day.



TIMES NEWS NETWORK

**Panaji:** Health minister Vishwajit Rane said that the state would deploy two ambulances that would exclusively cater to neonatal emergencies, one in each district of the state.

"The ambulance will have incubator and ventilator as well as an advanced para-medical staff. Our aim is to save children's lives and make the ambulance service more efficient", he added. The two ambulances will be procured as part of the agreement with EMRI (Emergency Management Research Institute), which runs ambulance services in the state, and they will be launched on August 15. The state is also expected

to have 11 more ambulances, taking the total number of ambulance to 33, for attending to medical emergencies under the toll free service. Rane said. These ambulances will be posted either in the rural areas or places where the load is high. One ambulance will also be posted at the Porvorim circle where accidents are on the rise. Presently 18 ambulances run all over Goa with average timing to reach at emergency site being 18-20 minutes.

"Once we introduce 11 more ambulances, then the time taken to reach the emergency site will reduce and we will have the best ratio of ambulances vis-a-vis population in the state", he said.

EMRI has also decided to have telemedicine and cardiac care facilities in all its ambulances so that a patient with heart stroke can be treated within 10 minutes of getting into the vehicle. "The facility of getting electrocardiogram (ECG) will also be installed in ambulances so that the medical attendant can seek advice on the treatment from the doctor while patient is in ambulance through teleconferencing. We are working on the protocol with 108 and the hospitals," he said.

**EMRI gets 534 calls per day**

# Newborn in septic shock saved from death

MT NETWORK

**PANAJI:** A critically ill 2-day old baby in septic shock was saved from death through the timely assistance of the newly commissioned 108 neonatal ambulance on Wednesday. The infant was rushed to a hospital in Campal and provided treatment.

Addressing a press conference, Dr Dyaneshwar Shelke, head of Emergency Medical Service, told reporters that the baby's birth was premature (32.2 weeks) and its birth weight was also very low (1.6 kg).

Soon after receiving the information about the criticality of the baby the EMRI team transported it to the nearest neo-natal intensive care unit.

The baby was given the required warmth in the transport incubator and also provided artificial respiration through transport ventilator, informed Dr Shelke.

He informed that the EMRI has received nearly 5,66 lakh calls since its inception on September 5, 2008 till July end, and said that on an average 534 calls are received daily. He said the service has saved around 8,580 lives, that is around 8 lives per day.

**EMRI** has received nearly 5.66 lakh calls since its inception on September 5, 2008 till July end. On an average 534 calls are received daily and the service has saved around 8,580 lives, that is around 8 lives per day.

**Dr Dyaneshwar Shelke**  
EMRI head

The official further said that emergencies responded by the organisation were 1,04 lakh (98 cases per day) of which emergencies served were a little over 98,000 (93 per day). Of the total emergencies, 92,417 were medical emergencies, while police emergencies were 4,546 while that of fire were 1,282 since inception.

He further informed that vehicular trauma (road accident) cases were highest-23,712 (26 per cent), while non-vehicular trauma cases were 8,807 in number, accounting to 10 per cent. The number of acute abdomen related cases was 7,206 (8 per cent) while pregnancy related cases were 6,706 in number (seven per cent).

The number of cardio-vascular cases handled over the three year period was 6,530 (seven per cent), while the number of deliveries handled in ambulances up to June this year was 144.

The EMRI has a fleet of 26 ambulances at the moment and by its third anniversary the number was expected to go up to 33 with the induction of seven more advanced ambulances. "With the induction of more ambulances the response time in attending emergencies would go down further from 11 minutes in urban areas and 15 minutes in rural areas, informed Dr Shelke.

Meanwhile, the EMRI would hold a free first aid and cardiopulmonary resuscitation (CPR) training for the Goans on September 3, at Goa Medical College. Besides, the participant would also be taught on how and when to deal with the emergencies.

# At the Antenatal Clinic

1. Antenatal cards introduced.
2. Mother and Child Protection Cards introduced.
3. Timely management of Gestational Diabetes.  
Notification for mandatory screening of pregnant mothers for diabetes issued on 23<sup>rd</sup> May 2011.

# SBA Training at District Hospitals

	No. Trained	
Staff Nurses	27	April 2011 till date
Medical Officers	11	July 2011 till date

# Notification

Taking care of the women with Gestational Diabetes Mellitus is the first step in the primary prevention of diabetes. The timely action taken now in screening all pregnant women for glucose intolerance, achieving euglycemia in them and ensuring adequate nutrition may prevent in all probability, the vicious cycle of transmitting glucose intolerance from one generation to another. Universal screening for glucose intolerance during pregnancy is ideal for our population.

Therefore, Government of Goa makes the screening for glucose intolerance during pregnancy mandatory in all the Medical College Hospitals, District Hospitals, Community Health Centers, Primary Health Centers, Private Hospitals and Nursing Homes and all other Medical Institutions.

Ideal time to screen for gestation diabetes will be 24 to 28 weeks of gestation as the maximum glucose intolerance occurs at this period of pregnancy.

Jt. Secretary (Health)

## HMIS:

Facility wise reporting initiated from April 11.

## Institutional Deliveries:

Year	Institutional Deliveries	Home deliveries	Live Births	Still Births
10-11	20107	101	20085	220
11-12 (till Aug. 11)	8511	31	8493	112

# Status on MCTS

(11-12 till 13/09/2011)

## Count of Mothers Registered on Central Server

District	Total Mothers Registered	Mothers with Phone No.	Mothers with Self Phone No.	Mothers With Address	Mothers with ANM Name	Mothers Registered Last Month
	8709	8707	5078	8709	8698	1292
NORTH GOA ( 1 )	4660	4658	2622	4660	4655	656
SOUTH GOA ( 2 )	4049	4049	2456	4049	4043	636

## Count of Children Registered on Central Server

District	Total Children Registered	Children with Phone No.	Children with Self Phone No.	Children With Address	Children with ANM Name	Children Registered Last Month
	6505	6505	3613	6505	6491	1107
NORTH GOA ( 1 )	3507	3507	1940	3507	3498	518
SOUTH GOA ( 2 )	2998	2998	1673	2998	2993	589

# Total Infant Deaths Reported from January – July 2011

Goa	
0 - 7 days	66
8 - 30 days	16
above 30 days	23
<b>Total</b>	<b>105</b>
Outside State	
0 - 7 days	6
8 - 30 days	2
above 30 days	2
<b>Total</b>	<b>10</b>
<b><i>Grand Total</i></b>	<b><i>115</i></b>

## **Breakup of Infant Deaths (0-7 days)**

### **Goa**

less than 1 hour

4

1 hr - 1 day

19

2- 7 days

43

**Total**

**66**

### **Outside State**

less than 1 hour

0

1 hr - 1 day

4

2 - 7 days

2

**Total**

**6**

# Infant Deaths – Monthwise

<b>Goa</b>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>
0 - 7 days	5	10	7	13	15	4	12
8 - 30 days	2	1	1	1	5	2	4
above 30 days	3	2	2	3	6	3	4
<b>Total</b>	<b>10</b>	<b>13</b>	<b>10</b>	<b>17</b>	<b>26</b>	<b>9</b>	<b>20</b>
<b>Outside State</b>							
0 - 7 days	0	2	1	1	2	0	0
8 - 30 days	0	0	0	0	1	0	1
above 30 days	0	0	0	0	1	1	0
<b>Total</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>
<b>Grand Total</b>	<b>10</b>	<b>15</b>	<b>11</b>	<b>18</b>	<b>30</b>	<b>10</b>	<b>21</b>

# Infant Deaths – Sexwise

<b>Goa</b>		<b>Male</b>	<b>Female</b>	<b>Not Known</b>
0 - 7 days	66	37	28	1
8 - 30 days	16	9	7	0
above 30 days	23	7	15	1
<b>Total</b>	<b>105</b>	<b>53</b>	<b>50</b>	<b>2</b>
<b>Outside State</b>				
0 - 7 days	6	3	3	0
8 - 30 days	2	1	1	0
above 30 days	2	1	1	0
<b>Total</b>	<b>10</b>	<b>5</b>	<b>5</b>	<b>0</b>
<b>Grand Total</b>	<b>115</b>	<b>58</b>	<b>55</b>	<b>2</b>

# Infant Deaths – Districtwise

Goa		North Goa	South Goa
0 - 7 days	66	36	30
8 - 30 days	16	11	5
above 30 days	23	15	8
<b>Total</b>	<b>105</b>	<b>62</b>	<b>43</b>
Outside State			
0 - 7 days	6		
8 - 30 days	2		
above 30 days	2		
<b>Total</b>	<b>10</b>		
<b>Grand Total</b>	<b>115</b>	<b>62</b>	<b>43</b>

# Place of Death

Goa		GMC	District Hospital	CHC / PHC	Pvt Hosp	Transit	Home	Outside state
0 - 7 days	66	56	3	0	3	1	2	1
8 - 30 days	16	15	0	0	0	0	1	0
above 30 days	23	23	0	0	0	0	0	0
<b>Total</b>	<b>105</b>	<b>94</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>1</b>
Outside State								
0 - 7 days	6	6	0	0	0	0	0	0
8 - 30 days	2	2	0	0	0	0	0	0
above 30 days	2	2	0	0	0	0	0	0
<b>Total</b>	<b>10</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Grand Total</b>	<b>115</b>	<b>104</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>1</b>

# Infant Deaths – as per Birth Weight

<b>Goa</b>		<b>up to 500gms</b>	<b>501 – 1000 gms</b>	<b>1001 – 1500 gms</b>	<b>1501- 2000 gms</b>	<b>2001- 2500 gms</b>	<b>2501 gms &amp; above</b>	<b>Not known</b>
0 - 7 days	66	1	17	9	3	14	11	11
8 - 30 days	16	0	5	2	2	2	1	4
above 30 days	23	0	2	0	1	1	4	15
<b>Total</b>	<b>105</b>	<b>1</b>	<b>24</b>	<b>11</b>	<b>6</b>	<b>17</b>	<b>16</b>	<b>30</b>
<b>Outside State</b>								
0 - 7 days	6	0	1	0	0	3	1	1
8 - 30 days	2	0	0	1	1	0	0	0
above 30 days	2	0	1	0	0	0	1	0
<b>Total</b>	<b>10</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Grand Total</b>	<b>115</b>	<b>1</b>	<b>26</b>	<b>12</b>	<b>7</b>	<b>20</b>	<b>18</b>	<b>31</b>

## Infant Deaths - as per Type of delivery

Goa		LSCS	Normal / Assisted	not known
0 - 7 days	66	11	48	7
8 - 30 days	16	2	12	2
above 30 days	23	2	9	12
<b>Total</b>	<b>105</b>	<b>15</b>	<b>69</b>	<b>21</b>
Outside State				
0 - 7 days	6	1	5	0
8 - 30 days	2	0	2	0
above 30 days	2	0	1	1
<b>Total</b>	<b>10</b>	<b>1</b>	<b>8</b>	<b>1</b>
<b>Grand Total</b>	<b>115</b>	<b>16</b>	<b>77</b>	<b>22</b>

# Infant Deaths - as per cause of death

Goa		Congenital Anomalies / IEM / Genetic Disorders	pre maturity	Birth Asphyxia	Sepsis	Infection	SIDS / Suffocation / Aspiration	Not Known	Others
0 - 7 days	66	21	24	8	3	0	3	5	2
8 - 30 days	16	4	7	0	1	0	2	1	1
above 30 days	23	11	4	0	0	2	0	1	5
<b>Total</b>	<b>105</b>	<b>36</b>	<b>35</b>	<b>8</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>7</b>	<b>8</b>
Outside State									
0 - 7 days	6	2	0	4	0	0	0	0	0
8 - 30 days	2	1	1	0	0	0	0	0	0
above 30 days	2	0	1	0	0	1	0	0	0
<b>Total</b>	<b>10</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Grand Total</b>	<b>115</b>	<b>39</b>	<b>37</b>	<b>12</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>7</b>	<b>8</b>

# ***Maternal Deaths Reported since January 2011***

<b>Sr. No</b>	<b>Name of deceased</b>	<b>Age</b>	<b>Date of death</b>	<b>Address</b>	<b>Cause of death</b>	<b>Place of Death</b>
<b>Indigenous</b>						
<b>1.</b>	Shoba Rangnath Kurti	33	09.03.2011	Mausawaddo, Pernem, Goa	Post Partum Hemorrhage	In transit, from Asilo to GMC
<b>Imported</b>						
<b>2.</b>	Ashwini Rathod	15	08.02.2011	Bijapur, Karnataka	GR.1, para 0 , ? Ruptured Ectopic pregnancy with multiple complications	GMC
<b>3. ***</b>	Salimunnisa Khan	21	27.03.2011	Margao, Goa	Acute LVF with Cardiomyopathy (no Obst. Complication)	GMC
<b>3 *</b>	Savita Kumar Kamble	22	31.03.2011	Kandepar, Ponda, Goa	DIC with acute renal failure	GMC
<b>4 **</b>	Perna Pradip Redkar	25	28.04.2011	Redi Sindhudurg, Maharashtra	Hepatitis with liver failure with pulmonary embolism	GMC
<b>5 **</b>	Gangama Naikar	26	26.05.2011	Cherekhand, Purvan, Maharashtra	Pregnant woman was brought dead to PHC Bicholim	In transit from home to PHC Bicholim

Sr. No	Name of deceased	Age	Date of death	Address	Cause of death	Place of Death
<b>Indigenous</b>						
6.	Darshita Dashrath Naik	26	03.7.2011	Mencurem, Bicholim, Goa	Ruptured Cerebral Aneurysm	GMC
7.	Alakim Rodrigues	30	23.07.2011	Bendwaddo, Sanguem, Goa	Hypertension with Cerebral haemorrhage (Patient died on 18 <sup>th</sup> postnatal day)	GMC
<b>Imported</b>						
8. ***	Jyoti Vinod Singh	19	17.07.2011	Birla, Murmugao, Goa	B/L Cavitory pneumonia with ARDS	GMC
9. ***	Bharati Basuraj Dalwai	30	18.07.2011	Kurti, Ponda, Goa	Not Known (Home delivery with still birth at 36 weks)	

\* Patient's family could not be traced at the given address. Patient had all antenatal checkup in Sholapur and delivered in private hospital.

\*\* Patient referred to GMC directly from Maharashtra.

\*\*\* Patients families could not be traced as they had left Goa.

# Co-ordination with GSACS

1. No. of Infants registered at ART centre – 1  
On ART - Nil  
Expired – Nil
2. No. of children 1 – 5 year registered at ART centre – 5  
On ART – 2  
Expired – Nil
3. Pregnant Women Positive for HIV  
2011 Jan to August 2011 – 23  
  
HIV mothers delivered – 11  
HIV +ve children - 2
4. T.B. – HIV Co-infection  
0-1 year on treatment - 0  
1-5 years on treatment – 2  
Expired - 0
5. Children on Anti-TB Chemoprophylaxis for Jan – Aug 2011 - 107

# New Born Screening

1. Babies Screened 22798 (from May 2008 upto January 2011)
2. Presumptive Positive – 937 (4.11%)
3. Confirmed Positives – 136 (0.6%)

## **Metabolic errors**

- Fatty acids oxidation disorders.
- G-6-Phosphate Dehydrogenase Deficiency
- Galactos anemia
- Cystic Fibrosis
- Congenital Hypothyroidism
- Congenital Adrenal Hyperplasia

# **“ Heel to Heal” Program Data (2008-2011)**

- **Screening Data**

	<b>2008 - 09</b>	<b>2009 - 10</b>	<b>2010 - 11</b>
<b>Newborn Screened</b>	<b>8,859</b>	<b>9,185</b>	<b>9,534</b>
<b>Cumulative</b>	<b>8,859</b>	<b>18,044</b>	<b>27,578</b>

# • Presumptive Positive Data

Disorders	Presumptive Positive			
	2008 - 09	2009 - 10	2010 - 11	Total
<b>Fatty Acid Oxidation Disorders</b>	<b>22</b>	<b>24</b>	<b>11</b>	<b>57</b>
<b>Amino Acid Disorders</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>8</b>
<b>Organic Acid Disorders</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>12</b>
<b>Enzyme Immuno Assay</b>	<b>14</b>	<b>11</b>	<b>18</b>	<b>43</b>

- **Follow Up (FAO)**

	<b>Presumptive Positive</b>	<b>Expired</b>	<b>Survived</b>	<b>Lost</b>
<b>Fatty Acid Oxidation Disorders</b>	<b>57</b>	<b>13</b>	<b>36</b>	<b>8</b>
<b>Amino Acid Disorders</b>	<b>8</b>	<b>4</b>	<b>3</b>	<b>1</b>
<b>Organic Acid Disorders</b>	<b>12</b>	<b>7</b>	<b>4</b>	<b>1</b>

# **NICU Unit at Hospicio**

- Equipment installed and will be commissioned.

## **Other Facilities**

- Sick new born care units – 3 cots
- Stabilization units for new born – 3 units
- New born care corners – 2 beds

# Other Measures

- Provided Rs.1 lakh to each district hospital for sick neonates and malnourished children.
- Support to GMC for prevention of infections at NICU.

# **NICU Referrals to private sector (2011 Jan - Aug)**

## **Under Mediclaim Scheme**

Criticare Hospital, Campal – 7

Gauns Child Care Hospital - 1

*Thank You*