Improving the Quality of Health Care in Special Neonatal Care Units of India: A Before and After Intervention Study

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Socio-Demographic Factors May Need Addressing to Improve the Survival of Neonates

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We commend the authors for this well-planned and meticulously executed study on the impact of improving the quality of health care in special neonatal care units (SNCUs) in India (1). They found that interventions to enhance the knowledge and skills of the health care workers (HCW), point-of-care quality-improvements activities and provision of round-the-clock remote mentoring, did not improve the main outcome measures namely the incidence of ROP or death during the hospital stay.

There were improvements in the process indicators. Oxygen administration was reduced and breastfeeding was enhanced as a result of the interventions. The authors give a positive spin in the abstract when they assert that the programme ‘was successful in improving the quality of care at SNCUs,’ without mentioning the lack of efficacy against the primary and secondary outcome measures studied.

The study’s take-home message may be that such shortcuts don’t work. The ‘root-cause analysis’ and its targeting did not improve health outcomes. Health depends on more than health systems and we may need to address deeper sociodemographic maladies to succeed.

The Global Burden of Disease study found that the Socio-Demographic index (SDI) - a composite average of the rankings of the incomes per capita, average educational attainment, and fertility rates around the world, was related to the longevity of the population (2). It suggests that improvements in any one of these indicators while holding the others steady can improve the lifespan of the citizens. For neonatal survival, the availability of basic amenities like clean water, good sanitary conditions, adequate nutrition, education of mothers and improvements in antenatal care could play a major role in preventing preterm birth and reducing the neonatal mortality rate.
References


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