



NEONATAL DEATH- A SHORT REVIEW

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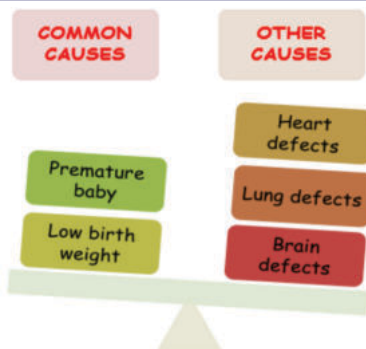
ABSTRACT

Pharmacovigilance is a science and activity concerned with the identification, evaluation, comprehension, prevention, and management of adverse reactions and effects brought on by pharmaceutical products. The Greek words "pharmakon" and "vigilance" both refer to drugs. The monitoring, prevention, and management of ADRs all heavily rely on pharmacovigilance. Any harmful, unanticipated, or undesirable consequence that a medicine has when administered to a human at the recommended dosage is known as an ADR. Neonatal death is the term used to describe a newborn dying within the first 28 days of birth. Non-Hispanic black women are more likely than women of other races to have a still birth. The main classification of pregnancy outcomes are live birth and fetal death. The main causes of neonatal death are premature baby, low birth weight, and other birth defects such as heart defect, lung defects and brain defects. Mortality is known as death frequency.

KEYWORDS : Pharmacovigilance , Neonatal death , Mortality rate, Primary care ,secondary and tertiary care.

INTRODUCTION

Pharmacological research linked to the gathering, detection, assessment, monitoring, and avoidance of adverse effects with pharmaceutical goods is known as pharmacovigilance, also known as drug safety. Greek words pharmakon (for drug) and vigilare make up the term "pharmacovigilance" (Latin for to keep watch). Pharmacovigilance (PV) was officially introduced in December 1961 with the publication of a letter (case report) in the Lancet by W. McBride, the Australian doctor who first suspected a causal link between serious fetal deformities (phocomelia) and thalidomide, a drug used during pregnancy: Thalidomide was used as an antiemetic and sedative agent in pregnant women [6]. In 1968, the World Health Organization (WHO) promoted the "Programme for International Drug Monitoring", a pilot project aimed to centralize world data on adverse drug reactions (ADRs). In particular, the main aim of the "WHO Programme" was to identify the earliest possible PV signals. The term PV was proposed in the mid-70s by a French group of pharmacologists and toxicologists to define the activities promoting "The assessment of the risks of side effects potentially associated with drug treatment".As a result, pharmacovigilance places a lot of emphasis on adverse drug reactions, or ADRs, A newborn dying within the first 28 days of life is known as a neonatal death. Medically-confirmed death: Death that has been verified by a qualified medical or allied professional, such as a doctor, Non-medically-confirmed death: death confirmed by non-medically qualified person, including undertaker, community member, parent, family member.You might have a lot of questions regarding how and why your kid died so shortly after birth. Your baby's doctor can assist you in learning as much as you can about your baby's. passing. Each year, less than 1% of babies in the United States die during their first month of life. Compared to women of other races or ethnicities, non-Hispanic black women are more likely to experience a stillbirth. Because of the numerous diseases .



Causes Of Neonatal Death:

The most common causes of neonatal death are:

Premature Baby:

This occurs when a child is delivered too soon, before to 37 weeks of pregnancy. premature birth of a child. Patient may experience more health issues than children who arrive on schedule.

Low Birthweight:

This is when a baby is born weighing less than 5 pounds, 8 ounces.

Birth Defects:

Health issues that exist at birth are called birth defects. Birth defects alter the appearance or functionality of one or more body parts. They may affect a person's general health, how their body develops, or how their body functions. Around 1 in 4 neonatal deaths are caused by premature birth and low birth weight (25 percent). Almost one in five neonatal deaths are due to birth abnormalities (20 percent).

Other Causes Of Neonatal Death Include:

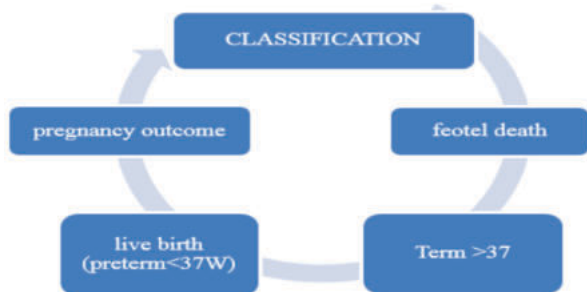
The most common birth defects that cause neonatal death include:

1. Heart Defects:

Because of medical interventions and surgery, the majority of infants with heart abnormalities live and develop normally. Yet, infants with severe cardiac problems may not live long enough to receive treatment or may pass away .

2. Lung Defects:

A baby's lungs could be underdeveloped or have issues in one or both of them when they are born. When the lungs don't



Classification Of Neonatal Death:

develop properly as a result of other birth defects or pregnancy issues, lung defects may result (such as not enough amniotic fluid). Lung issues in premature infants can result in neonatal death.

3. Genetic Conditions:

Cells in your body contain genes. They hold the instructions that govern how your body develops, appears, and functions. A gene that has undergone modification from its normal form is what causes genetic disorders. A gene might alter on its own or it can be passed down from parents to their offspring.

4. Brain Defects:

Neonatal death can be caused by problems in the brain, like anencephaly. This is a condition called aneural tube defects (also called NTD) in which most of a baby's brain and skull are missing. Babies with anencephaly may be still born (when a baby dies in the womb after 20 weeks of pregnancy) or die in the first days of life. If you've had a baby with anencephaly, talk to your health care.

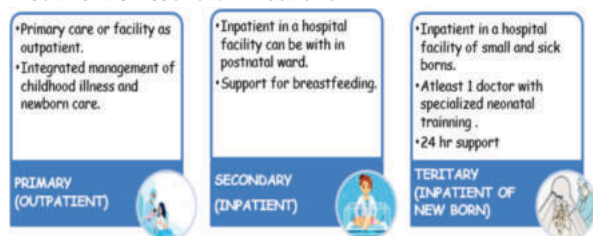
Neonatal Mortality:

According to estimates from 2010, there were 3.1 million newborn fatalities, down from almost 4 million in 2000 (a 17% decrease). With the exception of sub-Saharan Africa and Oceania, infants account for more than half of all under-5 fatalities. In South Asia and sub-Saharan Africa, newborn fatalities account for more than 75 percent of all newborn deaths worldwide. In 2011, ten nations accounted for 65% of the 2 955 000 annual infant fatalities worldwide. An estimated 1 122 000 infants in sub-Saharan Africa alone die before they turn one month old. 7 Some nations have made considerable strides towards lowering newborn mortality. Between 2000 and 2010, five nations were able to more than half their infant mortality rates (Turkey, Oman, Greece, Belarus and Estonia). Sub-Saharan Africa had the highest number .

Neonatal Mortality Rate (nmr)

144 newborn deaths out of a total 10,226 LB were recorded. The average NMR rate per 1,000 LB was 14.1. Early neonatal deaths made up 76% of neonatal deaths, whereas late neonatal deaths made up 24%. The first day accounted for nearly 25% of newborn mortality, followed by the second day for 19%, the third for 16%, the fourth for 3%, and the fifth for 7%. In India, annual child mortality rates have fallen by 1.7% to 2.3% [40, 41] over the past 20 years. However, according to UN estimates, 2.35 million (M) children died in India in 2005. In india , an estimated 26 millions of children are born every year . As per census 2011, the share of children (0-6years) accounts 13% of the total population in the country. In the india fell gradually from 83.6 deaths per thousands live births in 2020. The current infant mortality rate for india in 2023 is 26.619 deaths per 1000 live births, a 3.89% decline from 2022.

Treatment Of Neonatal Infections



Preventable Neonatal Death:

The audit conference concluded that 75% (77/102) of neonatal deaths could not have been avoided. On the other hand, 23% (23/102) of them were judged to have had some possibility of prevention with one case (1%) having had a strong possibility. The remaining one case could not be judged due to lack of sufficient information. Among the 23 cases with some possibility of prevention, the most common cause of death was

perinatal asphyxia (5 cases) with extreme prematurity (4 cases) and sepsis (3 cases) as the second and third most common, respectively. In addition, there was no case of congenital abnormality with non-invasive care among these 23 cases. With nine cases delivered at clinics or home, three cases were determined to have been somewhat preventable and one case easily preventable.

DISCUSSION AND CONCLUSION:

A newborn dying within the first 28 days of life is known as a neonatal death. The patients of baby's doctor can assist in learning as much as what is heard about the baby's passing. Less than 1% of newborns (approximately 4 in 1,000) experience neonatal mortality. Compared to women of other races or ethnicities, non-Hispanic black women are more likely to experience a stillbirth the first 28 days of life, or the neonatal phase. Preterm birth is the leading cause of infant death, followed by low birth weight and birth abnormalities. Factors that contribute to newborn death include: 1. Pregnancy-related issues second, a placenta With the exception of sub-Saharan Africa and Oceania, infants account for more than half of all under-5 fatalities. In South Asia and sub-Saharan Africa, newborn fatalities account for more than 75 percent of all newborn deaths worldwide. In 2011, ten nations accounted for 65% of the 2 955 000 annual infant fatalities worldwide. Large NMR reductions for nations with high mortality rates are feasible without spending a fortune on high-tech intensive care. PSBI is for potentially significant bacterial infection. 75% (77/102) of neonatal deaths, according to the audit conference, could not have been prevent.

Abbreviations

PV	Pharmacovigilance
ADR	Adverse drug reaction
WHO	World health organization
LB	Low birth
M	Millions
NTD	Neutral tube defects
NMR	Neonatal mortality rate
UN	Union nation
PSBI	Potentially significant bacterial infections

REFERENCES:

- Palmer, Adam C.; Sorger, Peter K. (2017-12-14). "Combination Cancer Therapy Can Confer Benefit via Patient-to-Patient Variability without Drug Additivity or Synergy". *Cell*. 171 (7): 1678–1691.e13. doi: 10.1016/j.cell. 2017. 11.009. ISSN 1097-4172. PMC 5741091. PMID 29245013.
- a b Baños Díez, J. E.; March Pujol, M (2002). *Farmacología ocular (in Spanish) (2da ed.)*. Edicions UPC. p. 87. ISBN 978-8483016473. Retrieved 23 May 2009.
- Khan, Shahab; Stannard, Naina; Greijn, Jeff (2011-07-12). "Precipitation of thiopental with muscle relaxants: a potential hazard". *JRSM Short Reports*. 2 (7): 58.
- S Gonzalez. "Interacciones Farmacológicas" (in Spanish). Archived from the original on 2009-01-22. Retrieved 1 January 2009.
- a b Cursode Farmacología Clínica Aplicada, in El Médico Interactivo Archived 2009-08-31 at the Wayback Machine.
- McBride WG. 1961. Thalidomide and congenital abnormalities. *Lancet*. 278, 1358 10.1016/S0140-6736(61)90927-8.
- Bégaud B, Chaslerie A, Haramburu F. 1994. Organization and results of drug vigilance in France. *Rev Epidemiol Sante Publique*. 42, 416-23.
- WHO. The Importance of Pharmacovigilance, Safety Monitoring of medicinal products. World Health Organization 2002.
- Report E. Effective communications in Pharmacovigilance. International Conference on Developing Effective Communications in Pharmacovigilance, Erice, Sicily 1997; 24-27.
- Shuka SS, Gidwani B, Pandey R, Rao SP, Singh V, et al. 2012. Importance of Pharmacovigilance in Indian Pharmaceutical Industry. *Asian J. Res. Pharm. Sci*. 2, 4-8.
- Hornbuckle K, Wu H-H, Fung MC. 1999. Evaluation of spontaneous adverse event reports by primary reporter - a 15-year review (1983 to 1997). *Drug Inf J*. 33, 1117-24.
- WHO 2000. Consumer reporting of ADRs. *WHO Drug Information*. 14, 211-15.
- Egberts GPG, Smulderes M, De Konig FHP et al. 1996. Can adverse drug reactions be detected earlier?: a comparison of reports by patients and professionals. *BMJ*. 313, 530-31. 10.1136/bmj.313.7056.530.
- Norwood PK, Sampson AR. 1988. A statistical methodology for postmarketing surveillance of adverse drug reaction reports. *Stat Med*. 7, 1023-30. 10.1002/sim.4780071004.
- Kliegman RM, Stanton BF, St Geme S. Nelson Textbook of Pediatrics. 20th ed. Philadelphia, PA: Elsevier; 2016:794-825.
- UNICEF, WHO, World Bank Group, Nations U. Levels and Trends in Child

- Mortality: Report 2018. New York: UNICEF; 2018.
17. Assamala. African Regional Health Report 2014 [Internet]. World Health Organisation; 2014.
 18. Okechukwu AA, Achonwa A. Morbidity and mortality patterns of admissions into the special care baby unit of university of abuja teaching hospital, Gwagwalada, Nigeria. *Niger J Clin Pract*. 2009;12:389-394.
 19. DHS Program. Ethiopia Demographic and Health Survey – 2016. Rockville (MD): ICF; 2016.
 20. Liu L, Mathers C, Oza S, et al. MCEE-WHO methods and data sources for child causes of death 2000-2015.
 21. Mekonnen Y, Tenson B, Telake DS, Degefie T, Bekele A. Neonatal mortality in ethiopia: trends and determinants. *BMC public health*. 2013(1):1. doi:10.1186/1471-2458-13-483.
 22. Demisse AG, Alemu F, Gizaw MA, Tigabu Z. Patterns of admission and factors associated with neonatal mortality among neonates admitted to the neonatal intensive care unit of University of Gondar Hospital, Northwest Ethiopia *Pediatric internet. health med ther*: 2017;8:57-64.
 23. Mengesha HG, Sahle BW. Cause of neonatal deaths in Northern Ethiopia: a prospective cohort study. *BMC Public Health*. 2017;1-8. doi:10.1186/s12889-016-3979-8.
 24. World Health Organization neonatal and perinatal mortality: country, regional and global estimates WHO Libr.(2006)
 25. Levels and trends in child mortality. Report UNICEF, WHO, The World Bank, UN, Newyork, USA(2014)
 26. GBD 2013 Mortality and Causes of Death Collaborators Global, regional, and national age-sex specific all-cause and cause-specific mortality for 240 causes of death, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*, 385 (9963) (2015), pp. 117-17
 27. L. Dodds, N. Macdonald, J. Scott, A. Spencer, V.M. Allen, S. McNeil the association between influenza vaccine in pregnancy and adverse neonatal outcomes. *J Obstet Gynaecol Can*, 34 (8) (2012), pp. 714-720.
 28. A. Legge, L.Dodds, N.E. Macdonald, J. Scott, S. McNeil rates and determination of seasonal influenza vaccination in pregnancy and association with neonatal outcomes *CMAJ*, 186 (4) (2014), pp. E157-E164.
 29. Oram, P. Murphy Diagnosis of death *Contin Educ Anaesth Crit Care pain*, 11 (3) (2011), pp. 77-81.
 30. F. Rubinstein, P. Micone, A. Bonotti, V. Wainer, A. Schwarcz, F. Augustovski, et al. Influenza A/H1N1 MF59 adjuvanted vaccine in pregnant women and adverse perinatal outcomes: multicentre study *BMJ*, 346 (1) (2013), p. F393.
 31. B.J. Cleary, U. Rice, M. Eogan, N. Metwally, F. McAuliffe 2009 A/H1N1 influenza vaccination in pregnancy: uptake and pregnancy outcomes – a historical cohort study *Eur J Obstet Gynecol Report Biol*, 178 (2014), pp. 163-168.
 32. W.D. Barfield standard terminology for fetal, infant, and perinatal deaths *pediatrics*, 128 (1) (2011), pp. 177-181.
 33. World Health Organization, International Classification of Diseases (ICD). Instruction Manual. 6 Classification, vol 2 (2011), p. 195.
 34. D. Fell, R. Platt, A. Lanes, K. Wilson, J. Kaufman, O. Basso, et al. Fetal death and preterm birth associated with maternal influenza vaccination: systematic review *BJOG*, 122 (1) (2015), pp. 17-26.
 35. D.B. Fell, A.E. Sprague, N. Liu, A.S. Yasseen, S. W. Wen, G. Smith, et al. H1N1 influenza vaccination during pregnancy and fetal and neonatal outcome *Am J Public health*, 102 (6) (2012), pp. e33-e40.
 36. M.A.K. Ryan, G.R. Gumbs, A.M.S. Conlin, C.J. Sevic, I.G. Jacobson, K. J. 27 FACULTY OF PHARMACY, DR.M.G.R. EDUCATIONAL AND RESEARCH INSTITUTE. Snell, et al. Evaluation of preterm births and birth defects in liveborn infants of US military women who received smallpox vaccine birth defects *Res A Clin Mol Teratol*, 82 (7) (2008), pp. 533-539.
 37. T. Harjulehto-mervaala, T. Aro, V.K. Hiilesmaa, T. Hovi, H. Saxen oral polio vaccination during pregnancy: lack of impact on fetal development and perinatal outcome *Clin Infect Dis* (1986), pp.414-420
 38. J.D. Nordin, E.O. Kharbanda, G. Vazquez Benitez, H. Lipkind, C. Vellozzi, F. Destefano Maternal influenza vaccine and risks for preterm or small for gestational age birth *J Pediatr*, 164(5) (2014), pp. 1051-1057.e2.
 39. Brighton collaboration PBWG preterm birth: case definition & guidelines for data collection, analysis, and presentation of immunization safety data (2016), pp. 1-34.
 40. UN Population Division. World Population Prospects (2008 revision) [June 14, 2010].
 41. Rajaratnam JK, Marcus JR, Flaxman AD, Wang H, Levin-Rector A, Dwyer L, et al. Neonatal, postneonatal, childhood, and under-5 mortality for 187 countries, 1970 - 201: a systematic analysis of progress towards the Millennium Development Goal 4. *Lancet*. 2010;357:1988-2008.
 42. UNICEF, WHO, Bank W UN Population Division Child Survival and Health - estimates developed by the Inter-agency Group for Child Mortality Estimation (IGME) [September 13, 2010].
 43. International Institute for Population Sciences (IIPS) and Macro international National Family Health Survey (NFHS-3), 2005-06: India. Mumbai: IIPS; 2008
 44. Registrar General of India. Sample Registration System. New Delhi, India: Office of the Registrar General of India; 2004.
 45. Baqui AH, Darmstadt GL, Williams EK, Kumar V, Kiran TU, Panwar D, et al. Rates, timing and causes of neonatal deaths in rural India: implications for neonatal health programmes. *Bull World Health Organ*. 2006;84:706-13.
 46. Jha P, Gajalakshmi V, Gupta PC, Kumar R, Mony P, Dhingra N, et al. Prospective study of one million deaths in India: rationale, design, and validation results. *PLoS Med*. 2006;3:e18
 47. Corsi DJ, Bassani DG, Kumar R, Awasthi S, Jotkar R, Kaur N, et al. Gender inequity and age-appropriate immunization coverage in India from 1992 to 2006. *BMC Int Health Hum Rights*. 2009;9(suppl 1):S3.
 48. Black RE, Cousens S, Johnson HL, Lawn JE, Rudan I, Bassani DG, et al. Global, regional, and national causes of child mortality in 2008: a systematic analysis. *Lancet*. 2010;375:1969-87.
 49. Jha P, Laxminarayan R. Choosing health: an entitlement for all Indians (September 10, 2010
 50. Zulficar A. Bhutta, in *Mansons Tropical Infectious Diseases (Twenty-third Edition)*, 2014.
 51. Demisse AG, Alemu F, Gizaw MA, Tigabu Z. Patterns of admission and factors associated with neonatal mortality among neonates admitted to the neonatal intensive care unit of University of Gondar Hospital, Northwest Ethiopia [Internet]. *Pediatric Health Med Ther*. 2017;8:57-64.
 52. *Yonsei Med J*. 2016 Mar 1; 57(2): 426-429
 53. Praveen kumar e tal , Mapping neonantal and under 5 – mortality in india , published by May 11 , 2020M
 54. Daine coffey e tal , Neonatal Death in India: Birth Order in a Context of Maternal Undernutrition , *The Economic Journal*, Volume 131, Issue 638, August 2021, Pages 2478 .