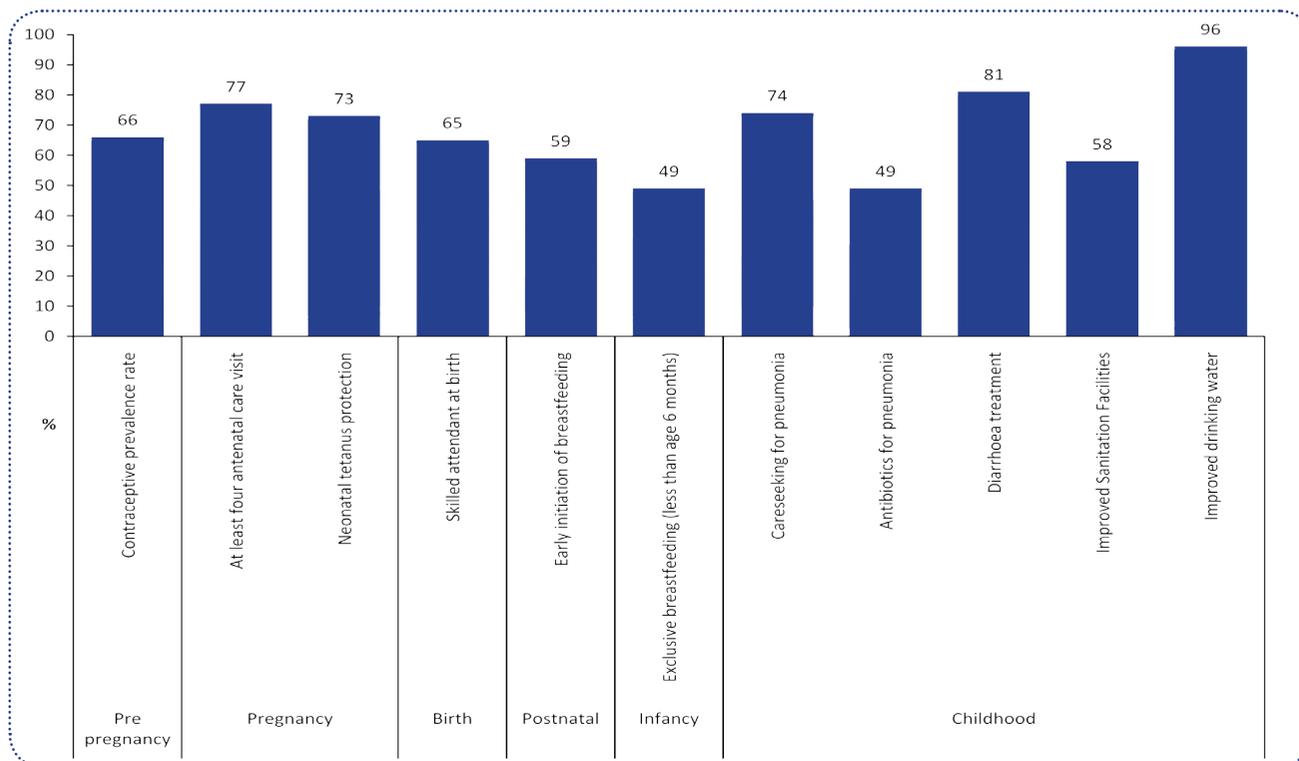


In Bhutan neonatal care and mortality has been mainly addressed in the past within the context of safe motherhood and Emergency Obstetric and Neonatal Care (EmONC) programs. The concept of “continuum of care” approach has been adopted recently. It promotes cost effective interventions on care for mothers and children from (pre)pregnancy, birth and post-neonatal period to childhood. On the other hand it also promotes care for mothers and children from community level care to clinical care.

CONTINUUM OF CARE FROM PRE-PREGNANCY TO CHILDHOOD



Following the logic of continuum of care, two out of three women have access to and use modern contraceptive method.

Prevention of maternal and neonatal tetanus is to insure all pregnant women receive at least two doses of tetanus toxoid vaccine. In Bhutan almost three out of four women had received protection against tetanus with very little differences between women from urban and rural areas. Two-third of the pregnant women delivers with skilled attendance but only half of the babies (50%) are exclusively breast fed for full six months duration.

Pneumonia is the leading cause of death in children. About 7% of under-five children were reported to have had the symptoms of pneumonia and 74% of them were taken to an appropriate health facility. Only less than half of under-five children with suspected pneumonia received antibiotics. The use of antibiotics in under-fives with suspected pneumonia is a key intervention.

Diarrhoea is the second leading cause of death among children under-five worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea-either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. In Bhutan more than one in four under-five children had diarrhoea (25%) and 85% of them received Oral Rehydration Therapy.