

Rights of the Newborn Infant

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Rights are basic standards which people demands for their self-development and without which people cannot live in dignity.¹ The United Nations Universal Declaration of Human Rights (UDHR, 1948) tells, “All human beings are born free and equal in dignity and rights without any discrimination”.² Human Rights are mostly inherent and natural. These rights are universal-same for all human beings regardless of age, sex, race, religion, political identity or national origin. Feasibility, equality and non-exchange ability are other characteristics of human rights.¹ The UN General Assembly adopted the Convention on the Rights of the Child (CRC) in 1989.³ The convention states that the child needs special safeguard and care due to his (Her) physical and mental immaturity.² As the declaration tells about rights of human being since from birth and as the convention implies about child (Birth up to 18 years) both clearly tell about rights of the newborn infant with special attention. But neonates are quite immature, vulnerable and completely depend on others. Minor trauma may even lead to death or disability. He needs to enjoy his rights to be a potent member of future nation through normal growth and development. But the newborn cannot claim his specific rights. Society including health professionals has responsibilities and obligations to enforce such rights. The issue on ‘rights of the newborn infant’ is addressed less in this area. The editorial outlines briefly these rights with a view to bring a favorable change in attitude during treating and rearing the neonate by medical personals and concerned others.

Declaration of the Newborn Rights

As newborn baby and mother are firmly related to each other, some basic rights are common to

them. The main issues of the newborn rights are as follows:

i) The newborn’s right to born in conditions of peace is an important right. Even wherever the neonate is born in war zones, these zones must be considered as weapon-free areas.⁴

ii) The newborn’s right to born in conditions of justice is another right. Man should fully apply concepts of social justice for birth of his offspring. Justice should be applied during time of delivery so that mother and baby are managed properly.⁴

iii) The newborn’s right to born in conditions of safety is important. Every neonate should get appropriate care during delivery irrespective of gestational age, weight, sex, congenital malformations, economic, social or racial classes or religion. The newborn should not be exposed to unsafe environmental or biological condition leading to under-weight or other disease mediated high morbidity and mortality.⁴

iv) The newborn’s right to be nurtured in a healthy environment is vital for normal growth and development. Environmental pollution either man made or natural that can adversely affect newborn health should be addressed.⁴

v) Provision of appropriate care when newborn is ill is his (Her) right. After birth, every newborn has right to receive loving care and all necessary assistance, especially medical care. Appropriate treatment must be guaranteed even in case of critically ill (Malformed, life threatening abnormalities and extreme prematurity) infants. Palliative care including pain relief is to be considered when necessary.² Aggressive form of therapy should not be given generally.⁵⁻⁷

vi) Another right of the newborn is not to lose own mother after birth. If the mother is lost in neonatal period, the life of infant will be endangered. The previous high maternal mortality related to childbirth and its consequences is gradually coming down.⁴ Protection to unborn baby and mother during pregnancy, delivery and after delivery is to be given⁸.

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vii) The newborn must be guaranteed vicinity to his/her parents. Healthy baby must be guaranteed rooming in practice.²

viii) The newborn has right to be protected from harm, violence and neglect. When circumstances create chance of abuse or endanger life of a neonate, legal and organizational measures must be adopted to protect newborn even if it creates separation from his parents.²

ix) Medical procedure even for research purpose should not be undertaken without informed consent of parents or legal guardian. But in emergency situation the physician can perform this for the best interests of the infant.^{2,8} Of course, possibility of any intervention by parents or guardian should not be there.⁸

x) Feeding adequately for proper growth and development is infant's right. Breast feeding must be encouraged.²

xi) Every neonate has a right to be included in birth registry, to be given a name and to have a nationality. Any unknown neonate is entitled to be adopted with optimum guarantees preserving his (Her) interest.² The newborn is entitled to full respect of his dignity.^{2,8}

End-of-Life Decisions and Rights

The issue of end-of-life decisions might be addressed properly. Currently, among extremely premature babies even of 23 weeks gestation, >80% survive.⁹ The improved survival remind to offer the best possible care to the neonate. But instead of having this right, sometimes it is difficult to decide to start treatment like resuscitation if the newborn is very premature or critically ill. In these circumstances, guidelines on this issue might be followed. The general guideline suggested by the 'Committee on Fetus and Newborn' is notable. The guideline states:

i) Resuscitation is not indicated and should not be started if the clinicians involved believe there is no chance of survival.

ii) If a good outcome is considered very unlikely, the parents should be given choice of whether resuscitation should be initiated. Here, respect on parent's desire is to be given.

iii) Lastly, if a good outcome is considered likely, resuscitation should be initiated. In this case, whether intensive care should be continued should be reevaluated.

A qualified individual, preferably a Neonatologist should be involved in this process.^{10,11} In an infant who is inevitably near to die or likely to survive with profound risk of severe neuromotor disability, 'selective non-treatment' is legally acceptable.¹² An often unethical violation of 'Rights of the Newborn Infant' is admitting the neonate without categorized specific indication in Special Care Newborn Unit (SCANU) and in Neonatal Intensive Care Unit (NICU). Treating the neonate in such centers without mere fulfillment of defined criteria of centers is unethical. Pushing the delicate human offspring into a grossly disorganized NICU not only invites high financial burden, rather greatly injure the newborn infant in terms of mortality and disability violating the newborn rights.¹³

Conclusion

The United Nation's Committee on the Rights of the Child has issued a number of resolutions specifying newborn rights as a part of the child's rights to the highest attainable standard of health and health care. Other global forums also have issued statements on the newborn rights. All these recognize the newborn's fundamental rights. Bangladesh is committed to bring down neonatal mortality rate to 12 per 1000 live births to achieve Sustainable Development Goals (SDGs) by 2030. This additionally reminds about necessity of execution of the newborn rights. Government, international agencies, national agencies, political leaders, social workers, media workers, professional bodies, family and parents must be involved honestly to uphold these rights. Role of medical personals including Obstetrician, Pediatrician and Neonatologist should be meaningful. Their responsibilities must be guaranteed by the state. Lastly, all need to work together for the newborn infant- a citizen with rights but cannot work for rights.

References

1. Kamruzzaman M & Das SK. The Evaluation of Human Rights: An Overview in Historical Perspective. American Journal of Service Science and Management. 2016;3(2): 5-12.
2. Bevilacqua G, Corradi M, Donzelli GP, Fanos V, Gianotti D & Magnani C et al. The Parma Charter of the Rights of the Newborn. The Journal of Maternal-Fetal and Neonatal Medicine. 2011; 24(1):171.

3. LeBlanc LJ. The Convention on the Rights of the Child. *Leiden Journal of International Law*. 1991;4(2):281-291.
4. Donzelli G. Declaration of the newborn's rights. *The Journal of Maternal-Fetal and Neonatal Medicine*. 2010; 23(4): 241–243.
5. Pignotti MS, Scarselli G, Barberi I, Barni M, Bevilacqua G & Branconi F et al. Perinatal care at an extremely low gestational age (22–25 weeks). An Italian approach: the 'Carta di Firenze'. *Arch Dis Child Fetal Neonatal Ed*. 2007;92(6):F15–F16.
6. Pignotti MS, Donzelli G. Perinatal care at the threshold of viability: An international comparison of practical guidelines for the treatment of extremely preterm births. *Pediatrics*. 2008;121(1):e193–e198
7. Pignotti MS, Donzelli G. Perivable babies: Italian suggestions for the ethical debate. *The Journal of Maternal-Fetal & Neonatal Medicine*. 2008;21(9):595–598.
8. Nahar N. Rights of the Newborn. *Bangladesh J Child Health*. 2016;40(2):62-63.
9. Parappil H, Rahman S, Salama H, Al Rifai H, Parambil NK & Ansari WE. Outcomes of 28+1 to 32+0 weeks gestation babies in the state of Qatar: Finding facility-based cost effective options for improving the survival of preterm neonates in low income countries. *Int J Environ Res Public Health*. 2010;7(6):2526–2542.
10. Batton DG. Committee on Fetus and Newborn. Clinical report-Antenatal counseling regarding resuscitation at an extremely low gestational age. *Pediatrics*. 2009;124(1):422–427.
11. Guimarars H, Rocha G, Bellieni C & Buonocore G. Rights of the newborn and end-of-life decisions. *The Journal of Maternal-Fetal & Neonatal Medicine*. 2012; 25(S-1):76-78.
12. Doyal L, Wilsher D. Withholding cardiopulmonary resuscitation: Proposals for formal guidelines. *BMJ*. 1993; 306 (6892);1593-1596.
13. Das JC. Neonatal Intensive Care Unit: Ethical Dilemmas. Editorial. *Chattogram International Medical College Journal*. 2020; 5(1):1- 4..