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Golden Minute at risk: Urgent need for on-site neonatal expertise at Civil Hospital Karachi

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Letter to the Editor

Dear Editors,

Pakistan has one of the highest neonatal mortality rates in the world. The main causes are well known – birth asphyxia, prematurity, and infection.[1] These are not rare or unexpected problems. In many cases, they are preventable. Yet they continue to account for a large number of neonatal deaths, particularly in busy public-sector hospitals.

Civil Hospital Karachi is one such setting. It serves a very large population and manages a constant, high volume of deliveries. In this environment, the difficulty is not recognizing neonatal illness but providing timely care, the moment it is needed most.

During my house job in pediatrics and obstetrics-gynecology, I noticed a recurring issue around the time of delivery. There is no pediatrician or neonatal clinician routinely stationed in the labor room. Obstetric teams are appropriately focused on maternal care, especially immediately after delivery. As a result, responsibility for the newborn is often less clearly defined.

Initial newborn care is usually provided by labor ward nurses or junior midwives. They are experienced in routine care and basic resuscitation measures, but their training does not extend to managing more complex neonatal problems. When a baby shows poor tone, delayed breathing, or early signs of respiratory distress, there is no immediate on-site escalation. Further assessment requires referral to pediatric units elsewhere in the hospital.

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In practice, this creates delays. After caesarean sections, mothers are often still recovering or under anesthesia. In these situations, newborns are commonly transported to pediatric units by fathers or other family members. Civil Hospital is large and crowded, and reaching the pediatric ward can take 10 to 15 minutes, sometimes longer. During this time, the baby is effectively without specialist monitoring.

The first few minutes after birth are critical. Early assessment and timely resuscitation during this period, often referred to as the "Golden Minute," can reduce the risk of hypoxic injury and long-term neurological impairment.[2,3] When care is delayed, even briefly, the opportunity to intervene early may be lost.

This issue is not the result of poor effort or lack of commitment from staff. It reflects a structural limitation in how delivery room care is organized in high-volume hospitals. Without a dedicated neonatal presence at birth, care becomes fragmented and reactive.

Civil Hospital Karachi delivers hundreds of babies each day. Ensuring access to trained neonatal or pediatric expertise at the point of delivery would strengthen early newborn care and help reduce avoidable morbidity. Addressing this gap is a practical and achievable step toward improving neonatal outcomes in similar settings.

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