

# Child India

September  
2023



Monthly e-Newsletter of Indian Academy of Pediatrics



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DR PRAMOD M KULKARNI  
DR RAMAKANT D PATIL  
DR RENU AJAY BORALKAR  
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DR A BHASKAR  
DR CHERUKURI NIRMALA  
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## Editor's Note

Dear friends,

Greetings from September issue of Child India.

World Suicide Prevention Day (WSPD) was established in 2003 by the International Association for Suicide Prevention in conjunction with the WHO. The 10th of September each year aims to focus attention on the issue, reduce stigma and raise awareness among organizations, governments, and the public, giving a singular message that suicides are preventable. "Creating Hope Through Action", the triennial theme from 2021-2023, serves as a powerful call to action and reminder that there is an alternative to suicide and that through our actions we can encourage hope and strengthen prevention.



World Patient Safety Day is among the 11 important global public health campaigns organised by the WHO every year on 17th September to impart knowledge and guidance on reducing patient harm. The theme 2023 is "Engaging patients for patient safety" - a call to the stakeholders and policymakers to take the measures that includes involvement of patients in policy formation, contributing to co-designing strategies related to safety, part of health care administration, and be a part of their own care.

The World Rabies Day is a global healthcare event observed on the 28th of September every year since 2007, established by the Global Alliance for Rabies Control (GARC). The theme 2023 "All for 1, One Health for All!" emphasises the operationalisation of health systems and structures which are necessary to contain and, if possible, eradicate zoonotic diseases. The WHO has set a goal of eliminating dog mediated human rabies by 2030. In India, preexposure prophylaxis can be promoted to children and high-risk populations where the prevalence of dog bites is known to be higher than 5%; and initiate surveillance to differentiate between rabies-infected and noninfected dogs.

As we celebrate National Nutrition Week - September 1st to 7th - with the 2023 theme "Healthy Diet Going Affordable for All", which aims to improve access to affordable, nutritious diets for families, especially children, we focus the 2023 September issue on breastfeeding.

Reminding you all to exercise your franchise in the upcoming IAP elections and wishing all contestants the very best,

Jai Hind, Jai IAP,

**Dr Jeelson C Unni**  
**Editor-in-Chief**

## President's Address

Dear Fellow IAPans,

Greetings!

I'm very happy to note that this particular issue of Child India is focusing on the most cost-effective intervention known to influence the health and well-being of the baby from neonatal period through adolescence and finally even later years! Each one of us individually tries our level best to promote, help and support exclusive breastfeeding in the first six months of life but I strongly feel that the key element of early initiation needs more efforts from each one of us.



Early initiation of breastfeeding (EIBF) is defined as 'provision of mothers' breast milk to infants within the first hour of birth and ensures that the newborn receives colostrum which has all the required crucial nutrients and antibodies and also acts as a first feed and first immunization. EIBF provides a unique opportunity for the infants to obtain balanced nutrition and energy required for their growth and development at the earliest. Similarly, it creates the bonding between the infant and the mother, which enhances the cognitive development. It also reduces the risk of developing noncommunicable disease and obesity in prime of life. We as pediatricians must facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth wherever we can.

Babies with birth weight less than 2,500 g; mothers who had cesarean section delivery and reduced awareness and knowledge about breastfeeding are found to be significant factors for delayed initiation of breastfeeding. Healthcare providers and nursing staff need to be sensitized about these bottlenecks in initiating EIBF and need to be trained about the different breastfeeding positions, and practice of breast-crawl in cesarean sections. This also requires, appropriate guidelines and policy regarding the cesarean delivery at the healthcare center to improve the EIBF. Comprehensive breastfeeding education programs and counseling targeting antenatal mothers need to be scaled up at the institution level.

Under the presidential action plan 2023, we have started a unique initiative B4E i.e., Breastfeeding-early initiation, exclusive, every baby, every time. I must thank UNICEF Nutrition-Maharashtra for supporting to execute the workshops across the state. I also appeal to each one of you to try to explore the possibility of a regional collaboration in other states based on the Maharashtra model so that by NFHS-6 our country should have both early initiation and exclusive breastfeeding rates which are close to 100%.

Finally, continuing with our series of Hidden gems of IAP, in this issue we present some brilliant colleagues from central zone who are contributing to the society in their own unique way.

Happy reading!

**Dr Upendra Kinjawadekar**  
National President 2023  
Indian Academy of Pediatrics

## Secretary's Message

Dear Colleagues,

Greetings,

**“Efficiency is doing better than what is already being done.”**

I am pleased to report that in the month of September, we have achieved remarkable milestones in our various projects and initiatives. We have successfully conducted several workshops, campaigns, and events to promote child health and development across the country. We have also strengthened our collaboration with other organizations and stakeholders to advance our common goals and vision.



We have conducted several meetings in the month of September via Video Conferencing. Includes a meeting on Official Area with State OBs, Local City OBs and Chapter OBs which was conducted on 04th, 11th as well as 15th September. Meeting of Core Faculty of PVAC was held on 11th and 20th of September.

IAP Charity Day was being celebrated on 07th September via video conference and on 13th September ICP status meeting was held with the Nodal coordinators of the Chapter. IAP Action Plan meeting took place on 19th as well as IAP Finance Committee meeting was held on 20th September.

A physical meeting with the OB and ACVIP committee was conducted on 08th of September at Aurangabad.

Along with this, Indian Academy of Paediatrics conducted workshops on the following modules under the Presidential Action Plan 2023. 5 of Comprehensive nutrition Module (CNM); 3 of Hematology - from care to cure; 3 of Hit the bull's eye-Clinical Clues; 1 of Rheumatology training module (RHYTHM); 14 of Saksham.; 2 of Infectious Case Conundrum (ICC).

Regarding the ECD, total of 158 workshops of ECD have been completed to date and 1 workshop of ECD was conducted in September 2023. This month total of 56 Basic NRP and 13 Advanced NRP provider courses have been successfully conducted.

On behalf of IAP, I urge you to organize various activities in the best interest of the health and welfare of the country's children.

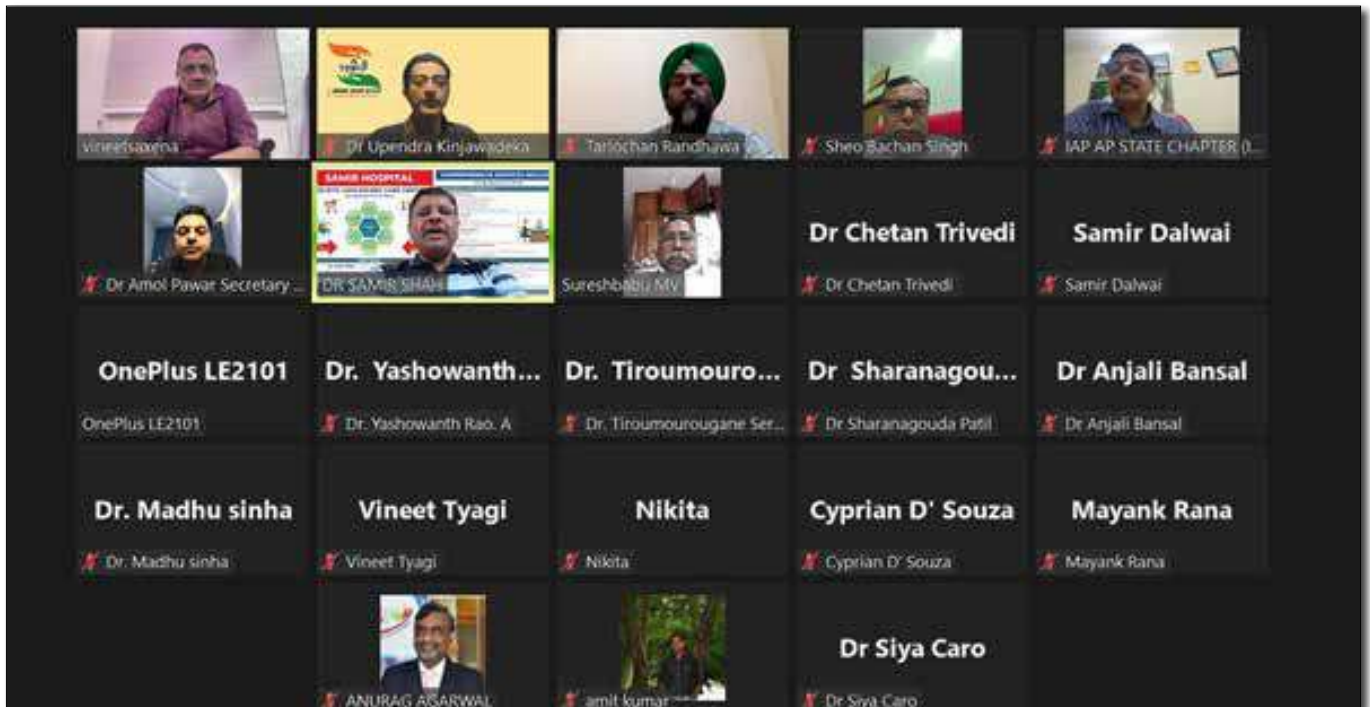
Long Live IAP, Jai IAP

Yours sincerely,

**Dr Vineet Saxena**

Hon. Secretary General 2022 & 23

## President's Engagements



Digitalization of IAP official area-meeting with state OBs 4-9-23



For the first time SSS was held for the first year MBBS and nursing students at ASCOM Jammu!  
Many thanks to Dr Ravinder Gupta, Dr Ghanshyam Saini and Dr Sushil

## President's Engagements



2-9-2023 NEUROPEDICON at Agra. With Dr Vasant Khalatkar, Dr Rakesh Bhatia, Dr Anoop and the team conducted an extremely successful event

## President's Engagements



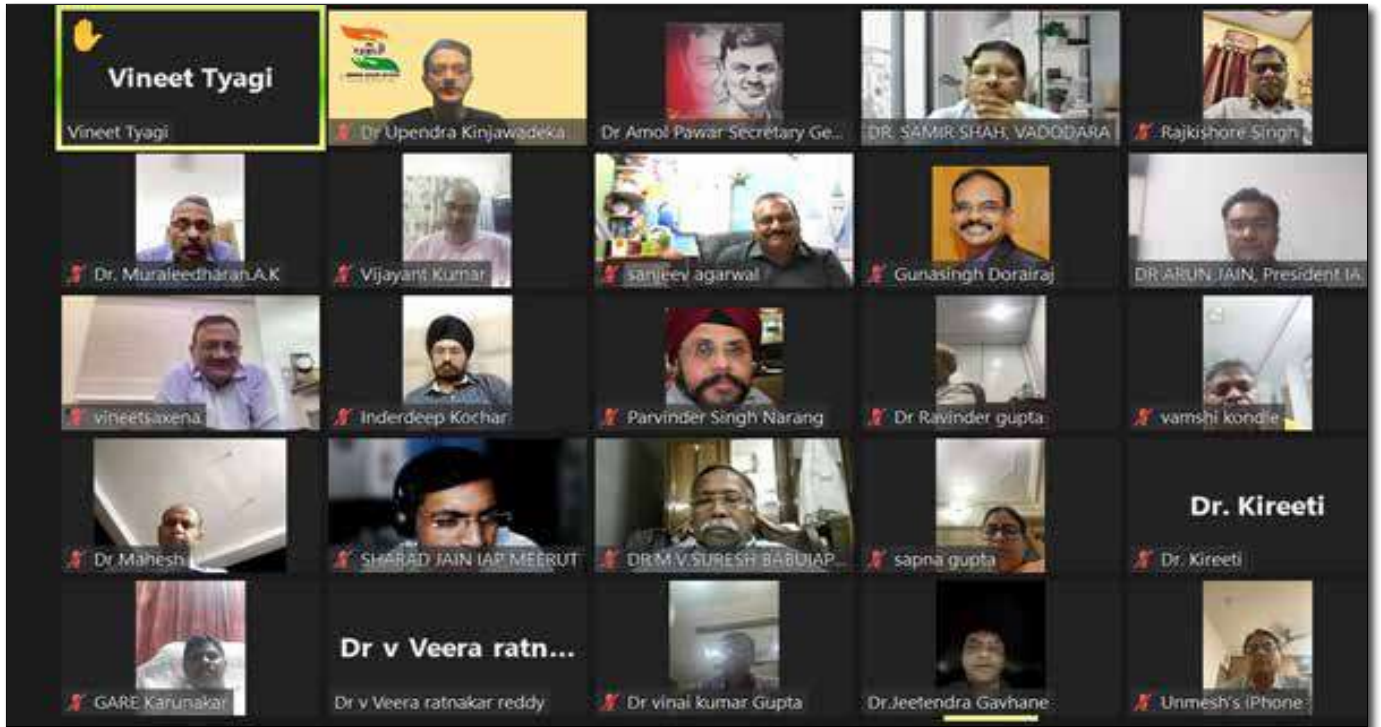
3-9-23 Saksham at Navi Mumbai along with Dr Vijay Yewale, Dr Jeetendra Gavhane, Dr Satish Shahane and colleagues



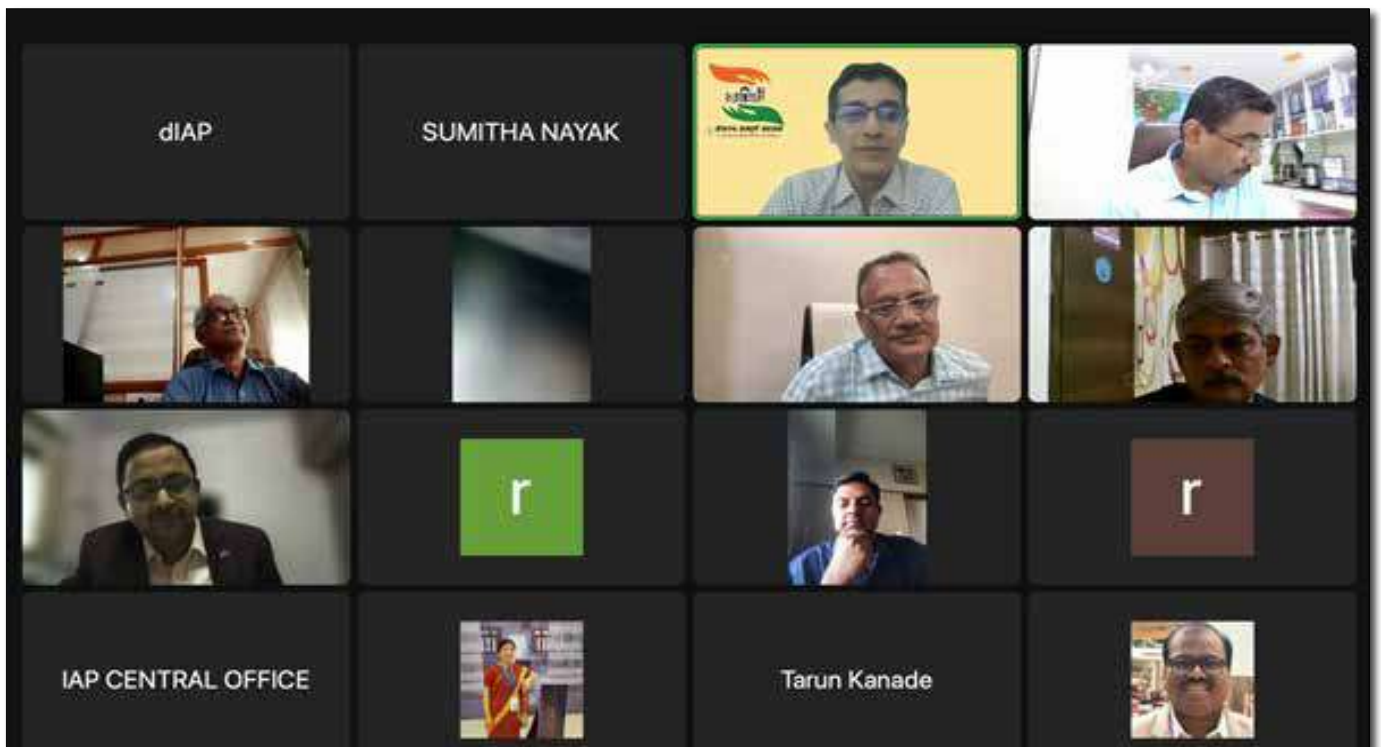
ACVIP meeting on 8-9-23@Aurangabad



## President's Engagements



Meeting with >100 city OBs for introduction of official area



Online Launch of Good practices module on 13-9-23. Dr Pramod Kulkarni, Dr Ramakant Patil, Dr Lavanya, Dr Parmanand, Dr Palaniraman and Dr Rajesh Chokhani were the core faculty members

## President's Engagements



SSS program in a government school Ludhiana, Punjab on 15-9-23. Dr Shiv Gupta, Dr Manmeet Kaur and Dr Harinder Singh took special efforts in conducting the program



B4E regional workshop at Nashik. Attended by more than 100 delegates from North Maharashtra representing civil hospital, medical College, nursing staff, PSM department and Pediatricians. Thank you Dr RD Patil, Dr Amol Pawar, Dr Aniruddha Bhandarkar and Dr Sachin Patil and team IAP Nashik

## President's Engagements



B4E regional workshop at Nashik. Attended by more than 100 delegates from North Maharashtra representing civil hospital, Medical College, nursing staff, PSM department and Pediatricians.

Thank you Dr RD Patil, Dr Amol Pawar, Dr Aniruddha Bhandarkar and Dr Sachin Patil and team IAP Nashik.

## President's Action Plan 2023

# Hidden Gems - Central Zone

## Dr Surendra Gullapalli



Dr Surendra Gullapalli, MD, DCH, PGDCJ (PG Diploma in Communications and Journalism)

**Doctor, Documentary filmmaker and journalist**

DOB : 15-07-1953

Address: Mother and Child Hospital, Dornakal Road, Surya Rao Pet, Vijayawada, AP. 520002

Mob: 9848428008

Youtube channel

<https://youtube.com/c/DrSurendra2017>

Instagram : [instagram.com/dr.surendra.2017](https://www.instagram.com/dr.surendra.2017)

Website : [drsurendra.com](http://drsurendra.com)

### Doctor:

- Gold medal winner in MD Pediatrics.
- Engaged in private practice from 1984 at Vijayawada. AP
- Life member Indian Academy of Paediatrics
- Past President IAP Krishna Dt.Branch 2002-03

### Documentary Filmmaker:

- Andhra Charitra, a documentary on Telugu people. It is the first film to show the history from ancient times to independence. It shows the richness and diversity of Telugu culture. It took 4 years to research and make the film. Released by former Vice-president Sri M.Venkaiah Naidu.
- Documentary films on Antarctica, Ladakh, USA, New York, London, China, Singapore in English and Telugu languages.
- First travelogue films to be made in Telugu language.
- China CD released by Sri.Akkineni Nageswara Rao
- Three of these films were published by Moserbaer India Ltd.
- Shown in leading TV channels like TV9, ETV, Zemini, Siti Channel.
- All are available in YouTube channel Dr.Surendra.2017

### Journalist:

- PG Diploma in communications and Journalism
- Conducted weekly TV program "Praja Vedika" in local channel at

### Vijayawada from 2003 on current events

- Hosted "Doctor friend" program in 10TV for an year on health issues
- Hosted TV programs like "Guest of the week", "Samanyudi Galam" in various channels.
- More than 300 episodes with topics of public interest covered in these programs.

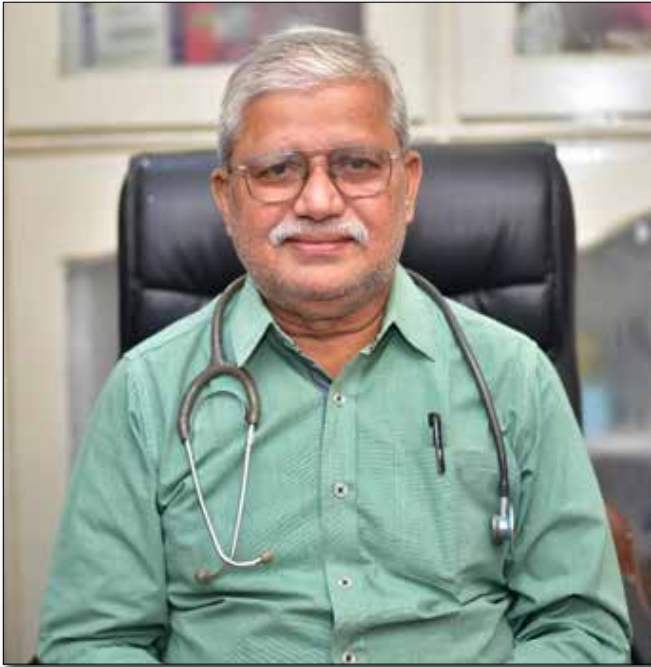
### Photography:

- keen interest in wildlife, birds, nature and travel photography. Covered more than 30 countries in all continents to capture the beauty of nature and wildlife. Sharing with the World through 'My picture of the day'. It is an original picture from my travel posted in various social media and seen by over 10,000 every day.

## President's Action Plan 2023

# Hidden Gems - Central Zone

## Dr. K.V.S. SAI PRASAD



**Dr. K.V.S. SAI PRASAD** MBBS DCH PGCCA(adolescent health care) IMA

**Consultant Paediatrician, Social Activist**

**DOB : 01-08-1957**

Address : c/o Dr. K.V.S. Memorial Childrens Hospital  
D.no:7-386 , karlapalem vaari street, Behind gopala Krishna  
movie theater, Mangalagiri (mandal) ,Guntur (DT),  
Andhra Pradesh -- 522503

Mobile: 9440260834 , 7815853334

Youtube channel: @karlapalemsaiprasad4306

Instagram : vssaiprasadkarlapalem

Facebook page : Dr.sai Prasad,paediatrician,prajarogya  
vedika,mangalagiri

Conducting A whatsapp group for mom's Professional  
experience : Granduation from Guntur mediical college.

Post graduation from ANDHRA Medical College.

Practising paediatrician since 1986, mangalagiri, AP.

Life member IAP ( national) life member IAP AP CAPTER).

Life member INFECTIOUS DIESESES CHAPTER Central IAP.

Life member IAH ( Indian adolescent health chapter) .

Life member IMA .

Life member NNF IAP.

Past vice president IAP Krishna.

Past secretary IAP Krishna.

Past president IAP Krishna dist chapter

Past State treasurer IAP Andhra Pradesh  
Secretary mangalagiri medical association.

National faculty RNTCP

State co-ordinater for ECD work shops IAP

State co ordinate for PG QUIZ .

Faculty for ECD work shops

Contributor for STG guide lines 2022 CIAP

Inter national faculty for IPA CONGRESS & 60th pedicon  
2023

State trainer for AEFI on vaccination during MR campagne

### **Social activities:**

Founder President of Smt. Karlapalem Padmavathi  
Narasimha Murty Memorial Seva Samstha.

Honorary president PRAJAROGYA VEDIKA AP State Chapter  
Member JANA VIGNANA VEDIKA AP.

Conducted around 500 free medical camps in Guntur dist

Adopted a school in old mangalagiri & helped the poor  
children by donating

BOOKS, DRESSES & water Motor

Helped 2 MBBS graduates to complete their studies.

Helped 2 BDS Graduates to complete their studies

Helped 2 ENGINEERING Graduates to complete their studies

Conducted many awerensess programs to the public by giving  
seminars in schools &

colleges & through youtube channel And facebook

Conducted health channel through local TV channel (C star)  
for 1 year.

Donated purified water system to govt hospital to  
mangalagiri

Donated a mortuary box to govt hospital mangalagiri

Donated Boyles apparatus to the dist govt hospital TENALI

One of the medical consultants for the 23 free COVID  
isolation centers through out the

AP.

Chief consultant for tele help line during covid times  
conducted by PRAJAROGYA

VEDIKA& ROTARY CLUB

Served as secretary and presidents Lions club of mangalagiri  
TOWN.

Member rotary club of Mangalagiri.

Wrote many articles in news papers & magazines.

Hobbies.

Interested in singing & photo graphy & small stories.

Sports:

Interested in Carroms & Shuttle & Badminton.

Good playes of caroms & stuttle.

## President's Action Plan 2023

# Hidden Gems - Central Zone

## Dr Jayesh Kavadya



Dr Jayesh Kavadya (L-91, K 265)  
Few Extra Curricular activities..

Have written approximately **6500 letters to editors** published in reputed newspapers of the country in Nineties.

Have written many **Satires in hindi of which about 25 to 30 Satires** got published in National level Magazines. Received **National Vyang Bhushan Award 23** in Feb 23) (photo attached)

As **Political Cartoonist** have made more than **5000 cartoons** ..many of which got places in news papers. (Few sample cartoons attached)

As **Wild life photographer** Especially **BIRD** photography have **photographed more than 450 species** out of **1250** seen in country and still continuing the same . (Few sample photographs)

**World record holder of Metallic car models** collection for last 8 years. More than 500 car models of exclusive variety. (An article attached)

As state president 2014 **Chhattisgarh IAP** created a world record of **64000 ORS ambassadors** who taught the community how to prepare ORS and save lives.



## President's Action Plan 2023

# Hidden Gems - Central Zone

## Dr. Sanjay Trivedi



**Dr. Sanjay Trivedi M.B.B.S. , D.C.H.**

Life member Indian Academy of Paediatrics, Life member Indian Medical Association, Member American Academy of Paediatrics, Practicing paediatrician since 1991, Alumni Gandhi Medical College Bhopal, M.P.

**P SHIVANAND CLINIC, HATTA, DIST. DAMOH, M.P. (since 1949)**

Dr. Sanjay Trivedi, born 1961, Post-graduate G.M.C. Bhopal 1990 made a life-altering decision of picking the path less travelled and performs it

till date with unwavering faith and commitment. Dr. Trivedi serves his local community providing exceptional medical services and paediatric care to residents of Hatta with utmost devotion, care, selflessness.

Shivanand Clinic, Hatta was started by his father, Dr. Ramashankar Trivedi who graduated from Mayo Medical School, Nagpur and provided his services from 1949 to 1983, also a freedom fighter, Dr. Ramashankar was a well known politician and leader in the time. Dr. Sanjay Trivedi, in 1990, after finishing his post graduation decided to embark on the same path of serving the people in rural Hatta in the same clinic which was established by his father in 1949. Also an avid agriculturist, Dr. Trivedi runs a farm with latest agricultural eco-friendly practices, runs fisheries business and is also very active socially and politically. It is seldom we see men living a life of honesty, selflessness and real honour, in a world where monetary possessions mere define a man, Dr. Trivedi is one of those few true gems our society needs more of.



## President's Action Plan 2023

# Hidden Gems - Central Zone

## Dr K Nagendra Prasad



**DR K NAGENDRA PRASAD MD**  
**PROFESSOR AND HOD OF PEDIATRIC DPT**  
**FIMS, KADAPA.**  
**PRESIDENT OF IAP AP STATE,**  
**NAGARAJUPETA, KADAPA,**  
**YSR DISTRICT - 516 001**

### RESUME OF ACADEMIC ACTIVITIES

- CHIEF ORGANISING SECRETARY OF AP PEDICON 2005
- CHIEF ORGANISING CHAIRMAN OF AP PEDICON 2019.
- PRESIDENT OF IAP AP STATE [2020-2021]
- AS A PRESIDENT AND SECRETARY OF IAP KADAPA  
 CONDUCTED LOT OF CME'S, 3 REGIONAL CONFERENCES, PALS AND NALS  
 WORKSHOPS [1995-2012] ALSO CONDUCTED SOMANY ACADEMIC & SOCIAL ACTIVITIES
- AS A PRESIDENT OF IMA KADAPA RECEIVED BEST BRANCH AWARD FOR  
 IMA KADAPA AT NATIONAL IMA MEET AT KANYAKUMARI [2016 & 2017]
- AUTHOR OF NINE PUBLICATIONS IN REPUTED NATIONAL JOURNALS.
- SPEAKER IN NTEP, NRP, NCECD WORKSHOPS.

### RESUME OF SPORTS ACTIVITIES

- SHUTTLE BADMINTION CHAMPION AT IMA KADAPA [1995-2012]
- TABLE TENNIS CHAMPION FROM AT IMA KADAPA [1996-2012]
- GOT PRIZE MEDALS IN RUNNING AND FAST WALKING AT IMA KADAPA [1995-2007].



## Exclusive breastfeeding: The best possible start to life

What better way to give a baby the best start in life than by breastfeeding as it offers nourishment and nurturing and loving care? Early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months, the introduction of nutritionally adequate and safe complementary foods at six months together with continued breastfeeding up to 2 years of age or beyond offers the baby a powerful line of defence against infection and malnutrition and boosts brain development.

Globally, only 38 percent of infants aged 0 to 6 months are exclusively breastfed. Recent analyses indicate that suboptimal breastfeeding practices, including non-exclusive breastfeeding, contribute to 11.6 percent of mortality in children under 5 years of age. This was equivalent to about 804,000 child deaths in 2011 (1). In 2012, the World Health Assembly Resolution 65.6 endorsed a comprehensive implementation plan on maternal, infant and young child nutrition, which specified six global nutrition targets for 2025 (2). In this policy brief, the fifth target was to increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%.

A report by POSHAN (Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India), in 2017, provides an overview of national trends and of state-level variability in nutrition outcomes, determinants, and intervention coverage in India. The report is encouraging as it shows that, over the last decade, the rates of exclusively breastfeeding in India increased from 46.4 percent to 54.9 percent. However, the prevalence of exclusive

breastfeeding ranges from 35.8 percent in Meghalaya, to 77.2 percent in Chhattisgarh. Despite this variability in levels, what is encouraging is that most states saw substantial increases in EBF, with Goa leading with a 43.2 percentage point increase. Only six states (Uttar Pradesh, West Bengal, Chhattisgarh, Karnataka, Arunachal Pradesh and Kerala) showed a decline in the prevalence of EBF; Uttar Pradesh had the maximum decline of -9.7 percentage points.

The disaggregated district-level data from the NFHS-4 highlight that about one third of all the districts have EBF levels that are higher than 60 percent. The top ten districts with the highest levels of EBF belong to Chhattisgarh, Madhya Pradesh, Assam, Maharashtra, Andhra Pradesh and Rajasthan, with Mandsaur (MP), leading with 95.1 percent. Seven out of the bottom ten districts with the lowest EBF rates belong to Uttar Pradesh. A limitation of this data was that for one-third of the districts (most of them in South India) the sample size for 0–5-month age group was too small and hence EBF rates could not be calculated.

The positive trends in most States in India is encouraging.

Chhattisgarh, Manipur and Tripura, where EBF rates are highest, need to sustain the trend

Meghalaya, Uttar Pradesh and Nagaland need to analyse the local constraints and work out strategies to overcome the bottlenecks

All other states need to improve EBF rates

Surveys with adequate sample size need to be undertaken.

## References

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2. Comprehensive implementation plan on maternal, infant and young child nutrition. [https://iris.who.int/bitstream/handle/10665/113048/WHO\\_NMH\\_NHD\\_14.1\\_eng\\_sessionid=37317FFE37CBECA4490153DD56C7598B?sequence=1](https://iris.who.int/bitstream/handle/10665/113048/WHO_NMH_NHD_14.1_eng_sessionid=37317FFE37CBECA4490153DD56C7598B?sequence=1) Accessed on 20/9/23
3. Trends in nutrition outcomes, determinants, and interventions. Trends in Nutrition Outcomes, Determinants, and Interventions in India (2006–2016) (ifpri.info) Accessed on 20/9/23 INDI TRENDS IN NUTRITION OUTCOMES, DETERMINANTS, AND INTERVENTIONS IN INDIA (2006–2016) A (2006–2016)

# IAP Project : B4E AND BEYOND

## Breastfeeding: Early Exclusive Every Baby Every time and Beyond

**Dr Sanjay Prabhu**  
National Convener



### Introduction

Breastfeeding saves lives, it is the single most important intervention in the first 1000 days to decrease child mortality by 13% and early initiation of breast feeding within the first hour decreases neonatal mortality by 22%. Complementary feeding reduces under 5 mortalities by 6%.

Global breastfeeding rates have increased very little in the past two decades, while the sale of formula milk has more than doubled in roughly the same time. NFHS -5 data shows that in India exclusive breast feeding for first six months is only 63.7% and early initiation within the first hour of birth only 41.8%

Early initiation and exclusive breastfeeding are important and slowly improving rates suggest that continuation of efforts in this direction would yield better results. Exclusive breastfeeding practice is significantly low in urban slums and high-income families with introduction of formula or animal milk and complementary foods even before six months of age.

This highlights the urgent need to evaluate pragmatic interventions to raise awareness on the importance of breastfeeding by reinforcing knowledge, attitudes and practices of health

workers and the community and strengthen Complementary Feeding which along with Breastfeeding is Infant and Young Child Nutrition.

### The Plan

Indian Academy of Pediatrics under the Presidential Action Plan of Dr Upendra Kinjawadekar, President IAP 2023 has devised this unique workshop to reinforce the breastfeeding and complementary feeding practices for pediatricians and health workers as this is a core intervention. The workshop visits issues related to breastfeeding in a simple manner along with hands on sessions which take up all issues especially growth failure in early infancy, Kangaroo Mother Care, Low Birth Weight Feeding and also Complementary Feeding. It also introduces the new concept of Small Vulnerable Newborns.

Growth Failure in early infancy has been the focus point in the last few years as 37% of children are born with wasting and at six months 32% remain wasted and 15% are severely wasted.

The workshop starts with a brief introduction to 1000 days followed by a talk on Initiation of Breastfeeding and the Early days of

life and then Feeding of low birth weight now known as small vulnerable newborns.

The afternoon hands on sessions demonstrate breastfeeding positions especially in LSCS and Twins along with expression of milk, simple messages for effective counselling, early identification of growth failure in infancy and lastly Complementary feeding.

This workshop thus wants to bring back this core intervention back in the limelight.

We wish to take this message all over India and appeal to all esteemed IAP members to join their hands in this endeavor.

We have already set the ball rolling in Maharashtra with four regional TOTs of half day duration in collaboration with UNICEF Maharashtra.

We expect to have 100 delegates at each workshop who should be ready to conduct more such workshops in their districts so as to pass on this information to 3000 more doctors/Nurses/medical students/interns etc

The delegates could be IAP members, OBGY and also nursing colleagues.

There should be one key person of each zone as a coordinator faculty.

## The TOT

### Proposed program

9.00 to 9.30	Registration and Tea
9.30-10.00	Inauguration and key note address
10.00 to 10.20	First thousand days and B4E
10.20 to 11.00	Early Days, Hypoglycemia, BFHI
11.10 to 11.30	Small Vulnerable Newborns
11.30 to 12.00	Tea
12.00 to 2.00.	Three hands on workshops (30 minutes each)
	1. Complementary Feeding
	2. Breast feeding positions. Expression, breast conditions
	3. Growth failure in early infancy

## MBFHI in Kerala



**Dr Kristin Indumati**

State Co-ordinator,  
MBFHI Committee  
of IAP Kerala



**Dr K K Joshi**

Chairperson  
MBFHI Committee  
of IAP Kerala

Kerala was declared the first ‘Baby friendly state’ in the world in August 2002 and selected for this rare honour under the WHO-UNICEF sponsored ‘Baby Friendly Hospital Initiative’ (BFHI) for “promoting, protecting and supporting “exclusive breast feeding. The rate of breast-feeding initiation on day 1 was 92% in Kerala by 2002.

But as the years passed, the rates of breastfeeding dropped. There was complacency among the health workers regarding motivation of mothers about the benefits of breast feeding and teaching them about the correct feeding techniques. No follow up training programs available for the health workers or inspections for renewal of the certificates. As a result, the breast-feeding status gradually dropped. Initial breastfeeding: Although breastfeeding is nearly universal in Kerala, only 67% children were breastfed within 1 hour of birth, as recommended. While exclusive breast feeding rates in NFHS 5 shows an improvement over NFHS 4, (64.3%) many infants are still deprived of the highly nutritious first milk. Exclusive breastfeeding: As per NFHS 5, 55.5% of children under age six months are exclusively breastfed in Kerala.

New-borns breastfed within one hour of birth has also decreased to 66.7% in the state.

Breast feeding promotion has been considered as the most cost-effective intervention for infant and child mortality reduction. There was an urgent need to revamp BFHI by training the doctors and nurses in Breast feeding practices and a call for Certification of all maternity hospitals in the State of Kerala.

### MBFHI Implementation in Kerala

Breastfeeding week celebrations was organized as a joint venture when Kerala IAP and Kerala University of Health Sciences in a Workshop for doctors and nurses conducted a state level interest group meeting in August 2019 and it was decided to go for revamping of the BFHI

Term MBFHI was coined- Mother and Baby Friendly Initiative -mother services were included and given importance.

As per the President’s action plan Indian Academy of Paediatrics started work and formed various task groups for implementation of MBFHI revamping. The school of public health, Kerala university of Health Sciences along with IAP and Kerala Federation of Obstetrics and Gynaecology had identified breast feeding promotion as a key policy area and started interventions like lactation management training program and



training for doctors and nurses in the hospitals with maternal and child health services.

MBFHI was highlighted again in July 2021 under IAP State President's action plan. Collaborative partnership consortium was developed with Official representatives of KFOG, NNF and TNAI. The MBFHI program was officially launched in the State of Kerala during the Breastfeeding week Celebrations 2021 by the Health Minister.

Teaching sessions were conducted as 4 state level TOTs. These topics in slide sets were distributed among the Paediatricians & Obstetricians who had undergone the training. These trainers are to be conducting the awareness programs in their respective hospitals for doctors and nurses and other staff.

The team for implementation of MBFHI in the IAP was selected. Dr.Joshi as the State chairperson and Dr. Kristin Indumathi as the State Co-ordinator. Four Zonal Co-ordinators were appointed and in the districts co-ordinators were appointed to encourage and motivate hospitals to come forward for MBFHI certification.

The MBFHI program was discussed with the UNICEF and the NHM, Kerala to be a partner and conduct the assessment and certification of MBFHI.

Thereafter the Certification process was taken up by the National Health Mission

## CERTIFICATION PROCEDURE

- As part of the initiative, clear guidelines had been formulated for the certification of hospitals. Apart from the 10-point quality indicators of the UNICEF and WHO, a quality standard certification with 130 check points had been drawn up by the NHM Quality Team for certifying hospitals as Mother and baby-friendly,

- A state level advisory board was formed to get the activities done so far formally reviewed and duly endorsed. State level certification committee was formed, and approval of draft guidelines was done. At the State level training, selection and due designation of external assessors was done

- There was a District level MBFHI Certification Committee for implementation at District level and a Core Committee for monitoring and implementation of MBFHI by IAP Officials. An Academic support committee was formed to support the program.

- IEC for operationalization of the program and Formal communications for certification and delivery of self-appraisal form were given to maternity hospitals

- The hospitals would have to form a Hospital Committee and do a Self-Appraisal. They would have to close the gaps and after satisfying the checklist could apply. Collection of filled self-appraisal forms and screening of the selected institutions is based on self-appraisal form . All self-certified health facilities through Institutional Committees formed in this regard as per established certification standards are eligible to apply for the MBFHI Certification.

- Visit of the institution and external evaluation was by qualified external assessors through the Interviewing of Mothers, Hospital superintendent, Nurses, Doctors and conducting a tour of the facility .

- Certification of the facility was finalized



based on the score obtained in the checklist. The facility will be MBFHI certified if the facility meets all the criteria and validated by the State Level Certification Committee. Declaration of the certification will be done by State level official dignitary. Those who do not qualify are given a time frame to reapply after Corrective steps have been taken.

- External assessment systems were to regularly evaluate adherence to the Ten Steps in hospitals. Certificate is valid for two years. Development of a feasible and agreed on timeline of Certification of all Maternal and Child Hospitals in the State to declare the entire state as Mother and baby friendly was considered.

- As of August 2023 a total of 44 hospitals, including both government and private institutions have successfully achieved certification through this initiative.

- The Certificate distribution function was held on August 2nd 2023 at the Auditorium of Government Medical College . The Certificates were distributed by the Honorable Health Minister, Smt Veena George.

- The MBFHI Certification process is going on and hospitals have been inspected and certified with much credit and enthusiasm. Kerala once again has been a trendsetter in MBFHI . This will go a long way in improving Exclusive breastfeeding rates in Kerala.

## Breast Feeding – The Basic Facts

**PROF. R. SOMASEKAR MD,DCH,FIAP**  
Prof of PAEDIATRICS

Sree Balaji Medical College & Hospital, Chennai

Dean(Retd), KANYAKUMARI Govt MEDICAL COLLEGE

Member, CWC Kancheepuram Dist, Ministry of Social Defence, Govt of Tamilnadu

Past President, IAP-TNSC; Past National Secretary, IAP-IYCF & HMBA



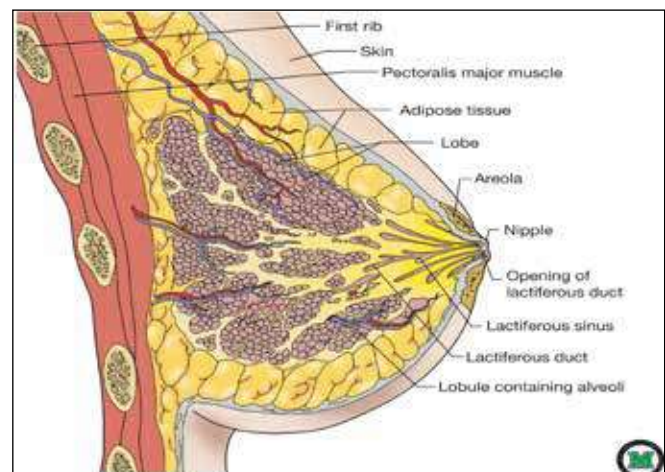
### INTRODUCTION

- It is the best gift that mother can give to her baby.
- Breastfeeding fosters a physical & emotional bonding contact between mother & baby.
- It can be a means to protect, promote and support the health of both mother & the baby.
- Exclusive breastfeeding for 6 months has potential to reduce under 5 mortality.

### ANATOMY

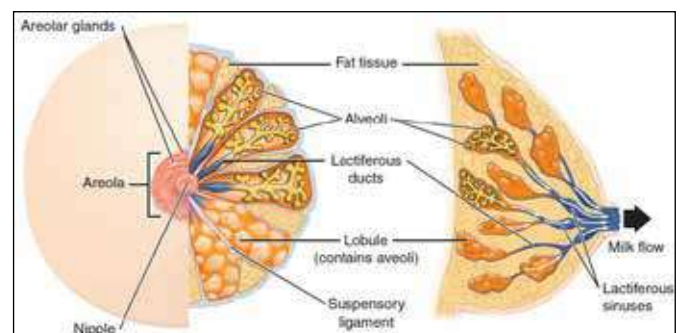
- Each mammary gland forms a lobe of the breast, which consists of a single major branch of alveoli, milk ducts and one lactiferous sinus that narrows to an opening in the nipple (nipple pore).
- Alveoli cells secrete milk. They are surrounded by a network of band like myoepithelial cells which cause alveoli to contract, when stimulated by the oxytocin released during the let down reflex.
- This action expels the milk into the ductules and into the ducts.

### ANATOMY OF BREAST



### AREOLA

- The darker pigmented area around the nipple.





## MYTHS

- Many women do not produce enough milk.
- There is not enough milk during the first 3 or 4 days after birth.
- The baby should be on the breast for 20 minutes on each side.
- Breastfeeding baby needs extra water in hot weather.
- It is easier to bottle feed than breast feed.
- If the baby has diarrhea or vomiting, the mother should stop breastfeeding.
- Mothers who have had undergone breast reduction surgery cannot breastfeed the baby.
- Women with small breasts produce less milk compared to large breasts.
- Breastfeeding women cannot take a birth control pill.
- Women with inverted nipples cannot breastfeed.

## HORMONAL INFLUENCES

- Estrogen: stimulates the ductule system to grow.
- Progesterone: increases the size of alveoli and lobes.
- Prolactin: during pregnancy, it contributes to the accelerated growth of the breast tissue. During lactation, the alveolar cells make milk in response to the release of prolactin when the baby sucks at the breast.
- Oxytocin: contraction of the smooth muscle layer of band-like cells surrounding the alveoli to squeeze the newly produced milk into the duct system. It is necessary for milk ejection reflex.

## INITIATION OF BREAST FEEDING

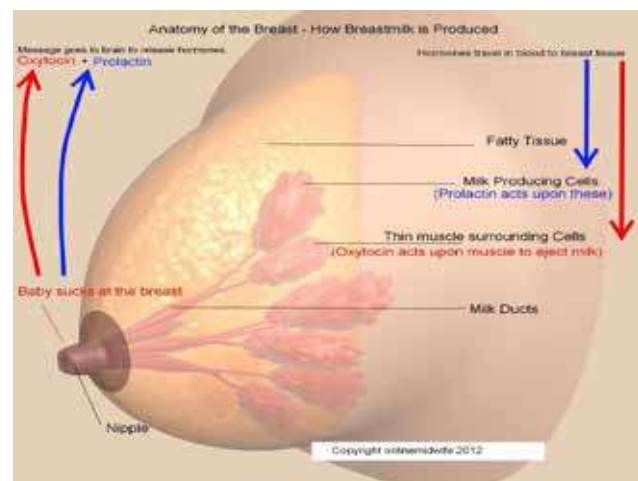
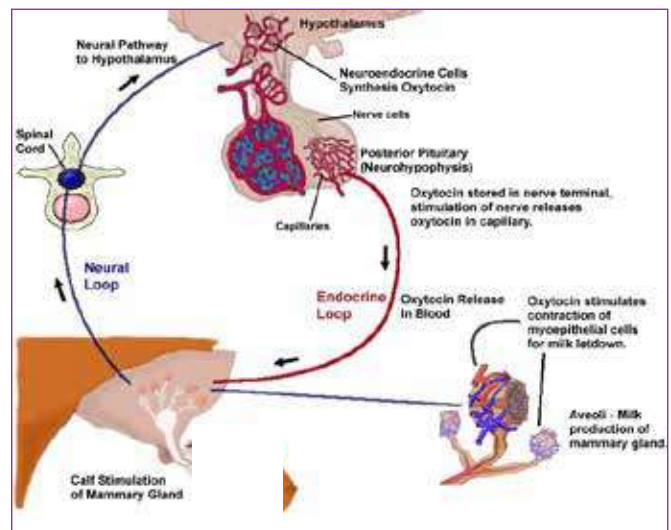
- As early as possible breast feeding has to be initiated in both normal and LSCS delivery

within one hour of life

- After birth-baby is biologically ready & initiation is easy, Later on baby goes to prolonged sleep and hence its difficult.
- Frequency – 2-3 hourly / demand feeding.
- Duration – exclusive breast feeding for 6 months.
- Time for each feed : 15-20 minutes.

## EXCLUSIVE BREAST FEEDING

- Breast feeding for the first six months.
- No pre-lacteal feeds.
- No formal feeds.
- No pacifiers.
- No additional fluids.



- There are three reflexes, namely rooting, suckling & swallowing reflexes which help in breastfeeding .
- **ROOTING REFLEX** - When the nipple is allowed to touch the cheek of the baby, baby opens the mouth .

### **SUCKLING REFLEX :**

This reflex helps the baby draw out milk from the breast.

It consists of:

Drawing in the nipple & areola to form an elongated teat inside the mouth.

Pressing the stretched nipple against the palate. Drawing milk by peristaltic movement of the tongue underneath the areola & compressing them against the palate above.

### **SWALLOWING REFLEX :**

- It takes 2-3 suckles to fill the baby's mouth milk.
- When the mouth is filled with milk the baby swallows the milk & then breathes.
- The suckle-swallow-breathe cycle lasts for about a second.

### **REFLEXES IN BREAST FEEDING**

Milk production (prolactin) reflex & milk ejection (oxytocin) reflex initiate & maintain lactation in the mother.

**PROLACTIN REFLEX** (Milk Secretion Reflex)

- Sucking acts as the afferent stimulus, where the nerve endings in the nipple carry the impulses to the anterior pituitary which in turn releases prolactin
- The prolactin is then released in the blood stream & induces cells of the alveoli to produce milk & distends it.
- The more the baby sucks the greater the milk

production.

### **MILK EJECTION REFLEX**

- Oxytocin is produced by the posterior pituitary gland in response to stimulation to the nerve endings in the nipple by suckling as well as by thought, sight or sound of the baby
- Oxytocin is responsible for contraction of myoepithelial cells.
- Milk is then emptied from the alveoli to the lactiferous ducts.
- Reflex is affected by mother's emotions, relaxed, confident attitude helps the milk ejection reflex.
- On the other hand, tension & stress will hinder the milk flow.

### **FACTORS DECREASING MILK PRODUCTION**

- Dummies, pacifiers, bottles.
- Giving sugar water, honey, prelacteal feeds.
- Painful breast conditions like sore or cracked nipple & congested breast.
- Lack of night feeding interfering prolactin production.

### **COMPOSITION OF BREAST MILK**

#### **COLOSTRUM:**

- Secreted during initial 3-4 days after delivery.
- Small quantity, yellow thick.
- Contains large amount of proteins & immunoglobulins, vitamin A, D, E, K.

#### **TRANSITIONAL MILK:**

- Secreted after 3-4 days up to 2 weeks.
- Rich in fat & sugar content

#### **MATURE MILK:**

- Thinner & watery.

- Contains all essential nutrients.

### FORE MILK:

- Secreted in the start of feed.
- Watery, rich in protein, sugar, vitamins, minerals & water.
- Satisfies babies thirst.

### HIND MILK:

- Richer in fats.
- Comes later towards end of the feeds.
- Provides more energy, gives the sense of satiety.

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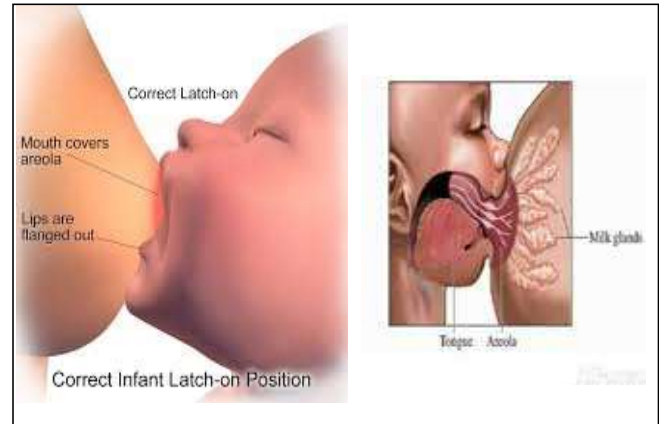
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neck or shoulders.

- Baby's head and body are in one line without any twist in the neck.
- Baby's body turned towards the mother.
- Baby's nose is at the level of nipple.

### SIGNS OF GOOD ATTACHMENT



- Baby's chin close to the breast.
- Baby's tongue under lactiferous sinuses & nipple against the palate.
- Mouth wide open, lower lip turned outwards.
- More areola visible above the baby's mouth than below it.

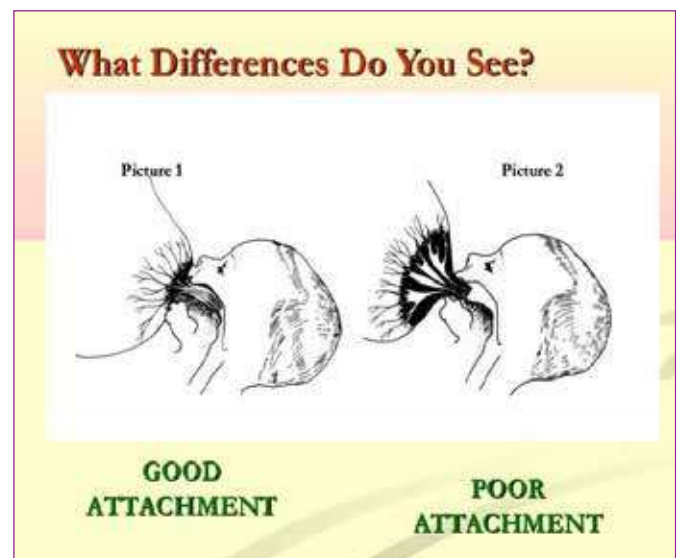
### POSITION OF THE BABY



Make sure the baby is wrapped properly.

- Baby's whole body is supported not just the

### SIGNS OF POOR ATTACHMENT



- Baby sucks only the nipple.

- Mouth is not widely open & much of the areola is outside the mouth.
- Baby's tongue is also inside the mouth & does not cover up the breast tissue.
- Chin is away from the breast.

## BENEFITS OF BREAST MILK



- **NUTRITIONAL SUPERIORITY :** breast milk contains all the nutrients a baby needs for normal growth and development , in an optimum proportion and in a form that easily digested and absorbed

### CARBOHYDRATES :

- Lactose is in a high concentration (6-7 g/dl)
- Galactose is necessary for optimal brain development of growing infants.
- ☑ Lactose helps in absorption of Calcium
- ☑ Lactose enhances the growth of lactobacilli in the intestine

### FATS :

- Rich in polyunsaturated fatty acids necessary for myelination of nervous system.
- Contain omega -3 (long chain fatty acids).
- Docosa hexaenoic acid(DHA),provides the right substances for manufacturing myelin, the fatty sheath that surrounds nerve fibers.
- Lipids present in human milk includes-EPA,

prostaglandin precursor, fat-soluble vitamins, steroids & phospholipids.

### PROTEINS :

- The protein is mostly whey protein(60%) rich in Lactalbumin and Lactoferrin & the rest is casein(40%) which are easily digestible.
- Lactalbumin is rich in tryptophan, the precursor of serotonin that plays an important role as a neurotransmitter.
- Lactoferrin ensures absorption of iron & zinc & it is bacteriostatic as well.

### ENZYMES :

- Peroxidases, lipid lipases, bile salt stimulated lipase(BSSL)kills the microbes by facilitating fat absorption & hydrolyze bacterial lipids.
- The bifidus factor & acidic pH associated with human milk leads to colonization by Lactobacillus.
- Lactobacilli & lactic acid that help in digestion are called probiotic substances

### IMMUNOLOGICALLY :

- It is safe, non-allergic.
- Contains - immunoglobulin's, secretory components & secretory IgA. Also Plasma cells, polymorphs, lysosomes, lacto peroxidase , growth factors, etc.
- Serum IgA provides surface protection to the respiratory & GI tracts
- S IgA resist proteolytic degradation in the neonatal gut, and offers protection.
- Breast milk contains cellular element e.g. macrophages (up to 80%) lymphocytes (T and B) . These are the primary defense against infection.
- Breast milk supplies T & B lymphocytes.
- Vitamins - human milk is a good source of vitamins except vit K & D.

- Minerals: in breast milk like iron, zinc, etc. are present in small quantities, but the bioavailability is much better because of carrier proteins.
- Osmolality is low - decreased solute load on neonatal kidney

## **BENEFITS TO MOTHER**

- Accelerates Involution of Uterus.
- Reduces the chances of post partum hemorrhage.
- Burn off extra fat accumulated during Pregnancy.
- Lowers the risk of Ovarian and Breast cancer.
- Helps in delaying next Pregnancy.

## **ADVANTAGES TO FAMILY AND SOCIETY**

- More economical than Artificial feed.
- Promotes Family Planning.
- Reduces the need for Hospitalization of children's.
- Reduces Infant mortality and morbidity.

## **BFHI**

- After introduction of 'Baby friendly hospital initiative' (BFHI) organized by UNICEF in 1992, Exclusive demand feeding is accepted as the only mode of early feeding.
- BFHI Plus Program incorporates other child survival and safe motherhood components like immunization, antenatal care, ORT.
- World Alliance for Breastfeeding Action (WABA) is the global agency for promotion of breastfeeding.
- Breastfeeding Promotion network of India (BPNI) is the national agency for breastfeeding.
- 'WORLD BREASTFEEDING WEEK' (WBW) is celebrated from 1st to 7th of August

## **TEN STEPS IN BFHI**

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff
2. Train all staff in skills to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding as early as possible.
5. To show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in & allow mothers & infants to remain together 24hrs a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups & refer mothers to them on discharge from the hospital.

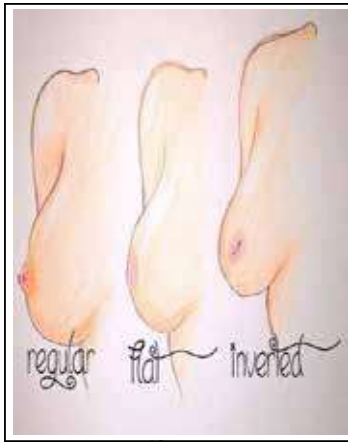
## **PROBLEMS OF BREASTFEEDING**

- Flat or Inverted nipple
- Breast engorgement
- Sore nipple and Cracked nipple
- Blocked duct
- Mastitis and Breast abscess
- Not enough milk

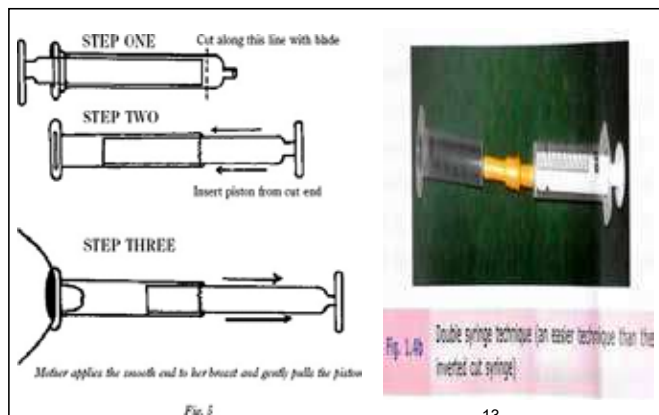
## **FLAT OR INVERTED NIPPLE**

- Normally it gets corrected when the baby suckles.
- If problem persists following techniques should be tried,

- Inverted syringe technique.
- Double syringe technique



## INVERTED SYRINGE AND DOUBLE SYRINGE TECHNIQUE



## BREAST ENGORGEMENT



- Breast milk production increases during 2nd & 3rd day after delivery .
- If feeding delayed/ infrequent/not well

positioned , milk accumulates in the alveoli.

- As the milk production increases amount of milk productions exceeds storage capacity leading to engorgement.
- Clinical features
  - Swollen, hard , warm & painful breast

### Treatment:

1. Moist heat through warm water 3-5 times before feed.
2. Gentle massage stroking the breast towards nipple.
3. Frequent feeds every 2 hours for at least 15-20 min on each side.
4. Feed in a quite and relaxed place.
5. Paracetamol for pain relief.

## SORE NIPPLE & CRACKED NIPPLE



### Incorrect attachment

Baby doesn't get enough milk Sucks more vigorously.

- Sore nipple
- If feeding continues Physical trauma

- Cracked nipple, Mastitis, Breast abscess

## CRACKED NIPPLE



### Other causes :

- Frequent washing with soap & water
- Pulling the baby off the nipple while sucking
- Oral thrush in the baby (usually after few weeks)

### Treatment of Sore nipple /Cracked nipple

- Correct position & attachment of baby to breast.
- Hind milk has to be applied to nipple after feed.
- Nipple should be air dried to allow healing
- Wash the nipple once daily only with water
- Infant with oral thrush:
  - Apply 1% gentian violet over nipple as well as baby's mouth
- Maternal fungal breast infections:
  - Give Miconazole / Fluconazole 250mg TID for 10 days

## BLOCKED DUCT

- Improper suckles over a particular segment
  - > accumulated thick milk blocks lactiferous duct
  - > painful hard swelling over that segment

- Not associated with fever

## BLOCKED DUCT

### Treatment

- Improved removal of milk from that segment by holding the infant with chin towards affected segment
- Avoid tight clothing.
- If not relieved do gentle massage over that segment towards nipple.

## MASTITIS & BREAST ABSCESS



Persistent engorgement/ blocked duct

->supervening of infections

->Mastitis

->If not treated -> Breast abscess Clinical features:

Red, hot, tender, swollen breast High grade fever in abscess.

Raised blood counts

### TREATMENT

- Supportive counseling
  - Reassurance about value of breastfeeding.
  - Safe to continue.
  - Milk from affected breast will not harm baby.
  - Breast will recover both its shape & function.
- Effective milk removal by

- Proper attachment.
- Encourage frequent feeding.
- If necessary express milk by hand or pump.
- Antibiotic therapy if
  - Cell & bacterial colony counts & culture available
  - Severe symptoms from beginning.
  - Visible nipple fissure.
  - No improvement after 12-24 hours of improved milk expression.

Duration of antibiotic therapy is 10-14 days.

- Symptomatic treatment
  - Ibuprofen reduces both pain & inflammation.
  - Paracetamol is optional.

## NOT ENOUGH MILK

- Common causes
  - Infrequent feeding.
  - Too short /hurried feeding.
  - Poor suckling position.
  - Poor oxytocin reflex.
  - Breast engorgement or Mastitis.

## TREATMENT

- Reassurance .
- Feed more frequently , specially during night.
- Make sure that the attachment is proper.
- Feed in a calm place, in a relaxed position.
- Treat the painful conditions like sore nipple, mastitis.

## BREAST FEEDING IN SPECIAL CIRCUMSTANCES

When the baby is ill ?

- Breast milk is the easily digestible food for ill baby.
- Best pacifier.
- Life savior to many babies.
- Satisfies both nutritional & fluid demands.
- It has protective & immunological factors.

So breastfeeding should be continued in most of the illnesses like

- Rhinitis ,Viral fever
- Diarrheal diseases
- Respiratory infections
- Discontinue breastfeeding if there are GI contraindications to oral feeding.
- If the baby sucks with less vigor offer more frequent feeds.
- If the baby can't suck offer Expressed breast milk.
- Babies with CCF do well with EBM as it contains less sodium .

## WHEN THE MOTHER IS ILL ?

- Breast feeding can be continued during most of the maternal illnesses like
  - Viral fever
  - UTI
  - Breast abscess
  - Tuberculosis
  - Hepatitis B

## BREASTFEEDING IN TUBERCULOSIS

- Contraindicated until completion of 2 weeks of maternal chemotherapy in western. India
  - breast feeding is not contraindicated.
- If mother is an open c/o TB
  - Start her on chemotherapy.



- Baby should be put on chemoprophylaxis with INH & Rifampicin.
- After 3 months ensure mother is sputum negative & do Montoux test to baby.
- If Montoux test negative –Stop drugs & give BCG.
- If Montoux test positive – continue chemoprophylaxis for 6-9 months.

## BREASTFEEDING IN HEPATITIS B

- Baby should be given
- Hep B Immunoglobulin followed by
- Hep B vaccination.
- No delay in the initiation breastfeeding is required.

## BREASTFEEDING IN HIV/AIDS

Perinatal transmission of HIV in AIDS is 30% . Transmission through Breastfeeding is 5 – 10 % . Recommendations for HIV mother is

1. Delivery by Cesarean Section.
2. Artificial feeding if AFASS
  - affordable ,
  - feasible ,
  - acceptable ,
  - safe ,
  - sustainable for 6 months
3. Drug therapy to mother & baby as per PPTCT guidelines.
  - In USA : breastfeeding is contraindicated in HIV.
  - In other countries :
    - If Artificial feeding is AFASS Breastfeeding is contraindicated.
    - Otherwise Breastfeeding should be continued.

- Mixed feeding is dangerous as
- Artificial feeding damages mucosal barrier &
- Breastfeeding will lead to easy transmission of HIV virus through damaged mucosa.

## BREASTFEEDING IN POSTPARTUM PSYCHOSIS

Breast feeding is allowed under supervision.

## CONTRAINDICATIONS TO BREASTFEEDING

- Congenital lactose intolerance.
- Galactosemia
- Maternal drug intake of
  - Anticancer drugs.
  - Anti thyroid drugs.
  - Antipsychotics like Lithium.
  - Ergot derivatives.
  - Iodinated radio contrasts.
- HIV if Artificial feeding is AFASS.

## OPTIONS TO WORKING MOTHERS



- Continue EBF as long as possible before resuming to work.
- Take the baby to Day Care Centre at work place & feed in between work.

- Change the work place to near House or vice versa.
- Express & keep the EBM when the mother is away.
- Breastfeed before leaving to work, on returning from work, during nights & holidays.
- Extend maternity leave till 4 – 6 months or avail half pay or loss of pay leave if possible.

## EXPRESSION & STORAGE OF MILK

- Expressed breast milk is the mainstay of feeding in
  - Preterm, LBW babies & sick babies.
  - Several working mothers.
  - Illness/hospitalization of mother/baby that precludes breastfeeding.
  - To relieve breast engorgement.
- Before expressing milk good hand washing & hygiene should be maintained.

## EXPRESSION & STORAGE OF MILK

- Electric breast pumps are better tolerated than mechanical pumps or manual expression.
- Collecting kits should be rinsed, cleaned with hot soapy water & air dried after every use.

- Use clean, capped glass or hard polypropylene plastic containers or special freezing bags.

## EXPRESSION & STORAGE OF MILK

- Can be stored
  1. In room temperature for 4-6 hrs.
  2. In refrigerator for 24 – 48 hrs.
  3. In Commercial freezers for 3-6 months.
- Pasteurization doesn't affect FA composition.
- Sterilization causes loss of 13% of Fat.
- Heating & Microwaving are not recommended as it causes loss of Anti-infective factors.
- Thawed milk should be used within 24 hrs.

## References

- Nelson text book of paediatrics
- Text book on Nutrition by Dr.K.E.Elizabeth
- Breast feeding - PCNA
- Text book of MIYCN by IAP IYCF Chapter
- Meharbansingh Text book of paediatrics
- Text book of Paediatrics By IAP,

## PEDICON 2024 – ANNOUNCEMENT



### RATES PEDICON 2024 KOCHI

Category	Early Bird upto 31Mar 23	Up to 30 Jun 23	Upto 30 Sep 23	upto 31 Dec 23	From 01 Jan 24
IAP member	11000	18700	27500	37400	45000
Accompanying	11000	18700	27500	37400	45000
Non IAP	16000	37400	44000	55000	66000
Accompanying	16000	37400	44000	55000	66000
PG student	6000	9000	10000	12000	16000
Accompanying	11000	18700	27500	37400	45000
SR citizen	-			11000	11000
Accompanying	11000	18700	27500	37400	45100
SAARC	\$250	\$250	\$300	\$550	\$750
Non SAARC	\$450	\$450	\$550	\$750	\$950
Corporates	25000	38500	44000	49000	60000
Accompanying	25000	38500	44000	49000	60000

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DR S. SACHIDANANDA KAMATH  
Organising Chairman

DR M. NARAYANAN  
Organising Secretary

DR M. I. JUNAID RAHMAN  
Organising Treasurer

**FOR ASSISTANCE**  
Contact Conference Secretariat @ 7012025938

## IAP Kerala



BNRP IAP Malappuram

## IAP Kerala



Nutrition class IAP Vadakara



NNF Nursing Quiz Thrissur

## IAP Kerala



CIAP Action plan - Saksham IAP Trivandrum

## IAP Kerala



Adoption of Tribal Village - IAP Trivandrum

## IAP Kerala



NNF Nursing Quiz Kozhikode



IAP Kozhikode Division UG QUIZ



## IAP Kerala



R DIET Programme IAP Madhya Kerala

## IAP Kerala



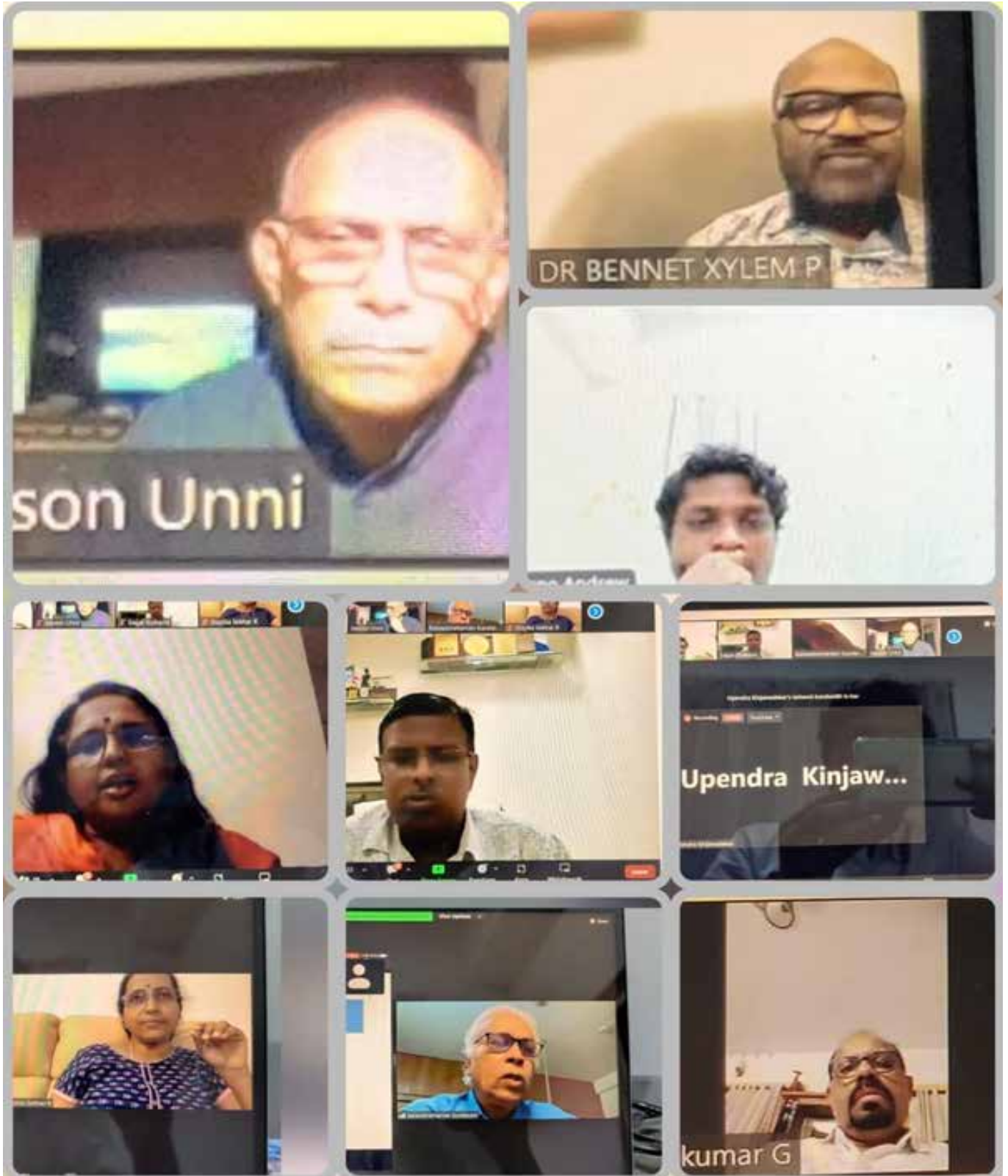
-BNRP IAP Idukki

## IAP Kerala



Parenting week inauguration -AHA Kerala & IAP Kozhikode

## IAP Kerala



Vaccinology CME IAP Trivandrum

## IAP Kerala



Dermatology Module - IAP Trivandrum

## IAP Kerala



Ped Endocrinology workshop - IAP Madhyakerala

## IAP Navi Mumbai

### NAVI MUMBAI IAP BRANCH REPORT SEPTEMBER 2023

#### ACADEMIC –

1. 1<sup>st</sup> September 2023 - As a part of Diamond Jubilee Academic Series: **Pg Reach of CIAP**  
Topic: IAP PG Teaching Sessions by Prof Dr S Balasubramanian & Prof Dr Srinivasan  
Supported by **Apollo Institute of Child Health**  
<https://us02web.zoom.us/j/83846953702?pwd=NFJzZIRjVWpNWp0TmxFMU9yUXVhdz09>
2. 3<sup>rd</sup> September 2023 – **CIAP Module SAKSHAM** – Enabling immunization of school children through education.  
Topic - Immunization requirement for school children – **Dr V N Yewale**  
Challenges & solutions for implementations of school age vaccinations in routine practice – **Dr Jeetendra Gavhane**  
Community awareness of school age vaccinations – **Dr Upendra Kinjawdekar**  
MOC – **Dr Gargi Bangar**
3. 6<sup>th</sup> September 2023 - Stabilizing & Managing A Child with Trauma-Case Based Trauma Nursing Care  
Expert – **Dr Abhijit Bagde**
4. 8<sup>th</sup> 9<sup>th</sup> & 10<sup>th</sup> September 2023 – **NCPID 2023**  
Diagnostic Stewardship – **Dr Jeetendra Gavhane**  
Dengue Moderation – **Dr V N Yewale**  
Rational Antibiotic Usage – **Dr Dhanya D**
5. 10<sup>th</sup> September 2023 – **Rhythm (Rheumatology Training Module) Jaipur**  
National Convenor & Expert – **Dr Vijay Vishwanathan**
6. 15<sup>th</sup> September 2023 – As a part of Diamond Jubilee Academic Series: **Pg Reach of CIAP**  
Topic: IAP PG Teaching Sessions by Prof Dr S Balasubramanian & Prof Dr Srinivasan  
Supported by **Apollo Institute of Child Health**  
<https://us02web.zoom.us/j/84075134719?pwd=YTVLeUwvVms5RFY0cW9TVzZQWENYdz09>  
<https://diapindia.org/event-details.php?event=2305&title=IAP-PG-Teaching-Sessions>  
[Supported-by-Apollo-Institute-of-Child-Health](#)
7. 20<sup>th</sup> September 2023 – **Pedscape – CME programe for pediatricians**  
By Apollo Childrens  
Expert Panelist – **Dr Dhanya D**  
Moderator – **Dr Vijay Yewale**
8. 21<sup>st</sup> September 2023 – **Institute of child health Sir GangaRam Hospital New Delhi Under the Aegis of IAP Delhi & ANBAI**  
Topic – Meningitis in Children  
Moderator – **Dr Dhanya D**  
<https://us02web.zoom.us/j/2973913831?pwd=Snk2MTM0c3VSUWxlaEVEWII3UFUxQT09>
9. 22<sup>nd</sup> & 23<sup>rd</sup> September 2023 – **Pediatric Allercon 2023, Jaipur 11<sup>th</sup> Annual National Conference of Pediatric Allergy & Applied Immunology Chapter of IAP.**  
  
Theme – Demystifying allergy for all.  
National Convenor & Faculty – **Dr Vikram Patra**

## IAP Navi Mumbai

Debate – Is Allergy preventable or curable  
For – Dr Vikram Patra, Against – Dr Mangai S

Symposium - More than the usual allergy: Pits not to be missed in patient in severe atopy  
Panelist – Dr Vikram Patra

10. 25<sup>th</sup> September 2023 – PEDNEXT -Pediatric CME for postgraduate trainees by Apollo Childrens  
Chief guest & Mentor – Dr Y K Ambdekar  
Moderator – Dr V N Yewale





## IAP Navi Mumbai



**SCIENTIFIC PROGRAM**  
TIME: 7:00 - 9:30 PM

Time	Topic	Speaker
7-7:45 PM	Introduction & Immunization Requirements for School Children	Dr. Vijay Yawale
7:45-8:30 PM	Challenges and Solutions for Implementation of School Age Vaccines in Schools	Dr. Jeeendra Gadhane
8:30-9:15 PM	Community Awareness of School Age Vaccination	Dr. Upendra Kojawalekar

Regards  
TEAM NAVI MUMBAI IAP



DIAMOND JUBILEE ACADEMIC SERIES: pgREACH

JOIN US FOR PG CLINICAL TEACHING SESSION IN ASSOCIATION WITH NAVI MUMBAI ASSOCIATION OF PEDIATRICS AND APOLLO HOSPITAL



**DR. S. BALASUBRAMANIAN**  
Senior Lecturer in Paediatrics, Apollo Hospital, Chennai



**DR. S. SRINIVASAN**  
Senior Lecturer in Paediatrics, Apollo Hospital, Chennai

Time: 09:00PM - 10:30PM  
On Friday, 1st September 2023

In Association With



MTYHA

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Dr. Vikram Patra, Dr. Sandeep Sawant, Dr. Narjohn Meshram, Dr. Swapnil Patil



### PUBLICATIONS AWARDS & RECOGNITIONS –

1. **Dr Vikram Patra** was invited as a **faculty for a Pediatric Allergy program in Chennai** where he delivered lectures for a continued 1.5 days on topics like Under 5 wheezers , Dagnosis & longterm management of asthma, Acute severe asthma, Clinical utility of FeNO testing & Cow milk protein allergy.
2. **Dr Sandeep Sawant, Dr Narjohn Meshram & Dr Swapnil Patil** were successful in treating a 6 yr old multi-organ failure child at **Medicover Hospital Kharghar**. This news was a headline in regional news-paper in NaviMumbai.
3. **Dr.Dhanya** has been invited by **Harvard Medical School at Boston, USA** to give a Invited **Guest Lecture on Antimicrobial Stewardship** on 12th October while she is at Boston to

## IAP Navi Mumbai

### नवराष्ट्र

#### मल्टीऑर्गन डिसफंक्शनवर यशस्वी उपचार

असे केले तज्ञनीमवर उपचार

Raigad Plus Edition

### छह साल की बच्ची को मिली नई जिंदगी

#### मल्टी ऑर्गन डिसफंक्शन को दी मात

मल्टी ऑर्गन डिसफंक्शन को चारण गंधीर राजगण से पीड़ित छह साल की बच्ची को रिपिय बनाए गंधीर दी गई थी। हालांकि, रिपिकेशन के उपचार प्रयासों से बच्ची बीमारी से मुक्त होने में सफल रही।

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### मल्टीऑर्गन डिसफंक्शन असलेल्या ६ वर्षाच्या मुलीवर यशस्वी उपचार

मल्टी ऑर्गन डिसफंक्शन को चारण गंधीर राजगण से पीड़ित छह साल की बच्ची को रिपिय बनाए गंधीर दी गई थी। हालांकि, रिपिकेशन के उपचार प्रयासों से बच्ची बीमारी से मुक्त होने में सफल रही।

### ANTIMICROBIAL RESISTANCE IN CHILDREN: A GLOBAL HEALTH THREAT

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SOCIAL –

- IAP Navi Mumbai has taken small steps in promoting physical health goal in this IAP Charity Week celebration by **distributing sports kits to children of one remote school in Jamb-rung Karjat Raigad** which is also a nature’s paradise at bottom of the Bhimashankar Hills. **Our Dynamic President Dr Satish Shahane** with his team has donated these sports kits to **Khairmata school Jambrung** and well acknowledged by principal and staff. **Health talk** on physical fitness was also given to percolate knowledge among school children.
- Dr Pandit Jadhav** completed **Half Marathon Ladhak 2023**.
- IAP Navi Mumbai conducted the School Outreach Program as part of **\*Central IAP Module SAKSHAM in Swami Vivekanand School, Sanpada Navi Mumbai \*** This module which is for creating awareness about Immunisation of children among parents and teachers was hugely appreciated by the parents and school teachers. Despite being a weekend before long Ganpati holidays, this Saksham module was attended by more than 60 parents and students and around 20 teachers. **IAP Navi Mumbai President, Dr. Satish Shahane and Secretary, Dr. Mangayarkarshi Sinha** conducted the module and not only educated the parents and teachers about the importance of School Age vaccination but also cleared all their doubts patiently. It was a very interactive and receptive crowd.
- Daily stationary requirements have increased in school and their fingers and hand skills also improved with using this tool in their routine curriculum. IAP Navi Mumbai thinking in this line **donated required school stationary to all 5th grade students in Swami Vivekanand**

## IAP Navi Mumbai

**Government Aided School** which is liked by all students and praised by Principal and teachers. Our constant support to school will be continued in future also **Our dynamic president Dr Satish Shahane and Secretary Dr Mangayarkarshi Sinha** were present during this donation drive.

- Antibiotics have been used for all kinds of medical problems irrespective of their indications and rationality in current era of Medicine practitioners of all fraternity have used it as a blanket weapon even when it's not required and we have lost many precious weapons till now. We need to conserve it like our soil and nature as it will impact us and our coming future generations. **Dr Satish Shahane** our Dynamic President has taken a **lecture for all GPs in Panvel area as a part of Antibiotic Awareness week celebration from Navi Mumbai IAP on Rational use of antibiotics**. The session was attended by around 25 GPs who have taken advantage of the lecture and cleared their doubts. Preserving antibiotics is stressed upon and well taken off.



## IAP Maharashtra

**Journal Journey**  
1st September, 9 PM

Expert: Dr. Pooja Gokul  
Guest Of Honor: Dr. Raju Shah  
Expert: Dr. Rajan Deshpande

Dr. Divya Shewar  
MMC POINT Granted  
Dr. Thamburam



3rd September, 2023  
TIME: 9:00 - 5:00 PM

**IAP NAVI MUMBAI**  
CORDIALLY INVITES YOU FOR  
**CENTRAL IAP MODULE:**  
**SAKSHAM**

Enabling Immunization of School Children through Education

VENUE: Hotel Tungva  
Primrose hall, second floor  
The Regenza By Tungva  
Plot no 37, Sector 30 A, Vashi  
Navi Mumbai 400703



Indian Academy of Pediatrics is looking for All India level Team members

27 September 2023  
9:37 pm

Changin trends in Nutrition at National level

Topic: Nutrition: WHO, Influences and its Solutions



## IAP Maharashtra



## IAP Maharashtra

