

# IAP GOA NEWS



E- BULLETEIN November 2015 issue 2

GOA STATE CHAPTER

For Private Circulation

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## EDITORIAL

Friends! Another year has gone by, but what a year this was! Our dynamic trio had their work cut out for them but we had an academic feast. An array of back to back activities which got even the busiest of busy people baffled! How did they pull it off?

Well sheer hard work, determination and lots of help from all the members. Yes friends you all are an important part of this successful year. So let's hope for an even better 2016 We wish our office bearers all the best!

This bulletin brings you an article on the 2015 AHA guidelines of Neonatal Resuscitation. Also, there is an article on Newborn Hearing Screening by Dr Elyska deSa who is currently pursuing her fellowship in developmental pediatrics.

On behalf Of IAP Goa State and Goa Medical College I congratulate all the winners of Undergraduate Quiz, Post graduate quiz, Zonal rounds, intercollegiate round, neonatal quiz, and the winners of the Essay competition on Breast feeding

Happy Reading!

-Dr. Annely D'Lima

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## CHILDRENS DAY AT GMC



Across India, Children's Day is celebrated on the 14<sup>th</sup> of November, on the birthday of the first Prime Minister of independent India, who was fondly called *Chacha Nehru* or *Chachaji*, and who emphasized the importance of giving love and affection to children, whom he saw as the bright future of India. He wanted to enhance the progress of Indian youth for which he established education institutes like AIIMS, Indian Institute of Technology. To give him tribute, India celebrates this festival on the 14<sup>th</sup> November, the day of his birthday. Many functions are organized in schools, offices other and organizations.



We too at Goa Medical College decided to be a part of this event. Children's day was celebrated in the Pediatric OPD as well as the Pediatric Neurorehabilitation Centre. The event was attended by around 50 children, some of them who receive therapy at the centre. These children were also accompanied by their parents and the siblings. The parents, children as well as the staff of the centre enthusiastically participated in the different games which were organized. The games included bombing of the fruits, musical chairs, pinning of the donkeys tail.



There was a fancy dress competition in which the children who receive therapy at the centre participated. This event was partly sponsored by Sesa Goa. The event was made lively by DJ-----Dr Mimi Silveira, HOD of the Pediatric Department

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distributed the prizes and certificates for all the participants.



All in all it was a fun filled event which was greatly appreciated by all the parents and their children. The smiles on the faces of these little children said it all! Three Cheers to Dr Aparna Wadkar and her entire team at the Pediatric Neurorehabilitation Centre for making this possible.



**Let's hope there will be many more such events to come!**

## NEWBORN SCREENING

**-Dr. ELYSKA D'SA**

**DCH, Fellow in Developmental and Behavioural Paediatrics New Horizons Health and Research Foundation, Mumbai**

Hearing Impairment in children can be a serious obstacle to proper growth and development of a child. According to WHO data (2012) 5.3% of the world's population has hearing impairment out of which 91% are adults and 9% are children. The prevalence of disabling hearing loss in children is greatest in South Asia, Asia Pacific and Sub-Saharan Africa. According to a range of studies and surveys conducted in different countries, around 0.5 to 5 in every 1000 neonates and infants have congenital or early childhood onset sensorineural deafness or severe-to-profound hearing impairment.

Congenital and early childhood onset deafness or severe-to-profound hearing impairment may affect the auditory neuropathway of children at a later developmental stage if appropriate and optimal interventions are not provided within the critical period of central auditory pathway development thus resulting in delayed speech and language development, poor cognition and social skills thus

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resulting in learning difficulties and academic backwardness. Thus early identification and intervention in such cases is of utmost importance.

The biggest hindrance to hearing screening programs in developing countries is the cost factor. Other issues like availability of screening equipment, training of personnel, screening methods, follow up and quality control are the other issues. However after the newborn hearing screening program was launched in India in 2001, it has developed its own protocol for screening which has been advocated in around 65 districts at an institutional and community level as well.

The relevance of a screening program is to provide effective treatment at the earliest, thereby reducing the sufferings due to the disorder. Most of the screening tests target permanent or sensorineural hearing loss but the value of screening may lie in the identification of mild to moderate hearing loss and unilateral hearing loss that are amenable to treatment and can reduce the complications of this condition. A variety of procedures are used in hearing screening programs for infants and neonates.

**The Principles of the screening tests are as follows:**

- It must be non-invasive

- It should not pose a risk of injury to the infant
- It should be sufficiently robust that the test performance will not be affected by the environment
- It should be possible to perform the test in a minimal amount of time
- The test should correctly identify auditory status in both high risk and well-baby population

## **Indications for Screening**

- Geographical subset activities
- SCBU/NICU babies
- Babies with risk factors (family history of permanent childhood hearing loss; infections such as TORCH, cranial-facial anomalies; syndromes associated with hearing loss, adverse perinatal conditions such as birth asphyxia, low birth weight and hyperbilirubinaemia; and neurodegenerative disorders such as Friedreich-Ataxia)
- Universal hearing screening – to identify all neonates and infants with permanent hearing loss it is necessary to screen all babies in the targeted area. Universal hearing screening using physiological measures (either OAE or AABR) should therefore be the goal wherever feasible.

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## Protocol for Newborn Hearing Screening Program in India (adapted form Indian Pediatrics 2911;48:351-353)

[(Based on NHS (UK) Newborn Hearing Screening Program)]

- A trained person visits all major hospitals on a particular day of the week regularly.
- Babies are screened preferably before discharge from hospital.
- Babies are screened by portable handy equipment. OAE or ABR is usually the test of choice. Time taken for test is 1-2 minutes.
- If abnormal result (no response), test repeated after 2 weeks.
- If again no response (after a maximum of 2 hearing screenings) BERA test done for confirmation and quantification of hearing loss.

- If BERA abnormal, do comprehensive hearing evaluation.
- If confirmed, next step is hearing aid usage at the earliest. Hearing aids may be fitted for infants as early as 2 months of age. This should be followed with auditory training and speech therapy. Children with profound deafness who derive negligible benefit from conventional amplification with hearing aids may be considered for cochlear implants.

**Programs should ideally aim to screen all neonates in a given area before 1 month of age. A diagnostic audiological evaluation should be completed for those who do not pass the screening as soon as possible and by no later than 3 months of age. Audiological, medical and educational services should then be provided to infants diagnosed with hearing loss as soon as possible and by no later than 6 months of age.**



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## **MY CHILD HAS A DISABILITY – WHAT CAN I DO?**

**- Dr Nandita de Souza**

“My son is 2 years old but is still not speaking”, “Our baby does not look at us and smile” “We celebrated our daughter’s first birthday last week and are anxious that she has not started walking yet”. All parents worry about their children’s health, growth and development and dread the thought that something may go wrong. Though at times, a faltering in the growth and development of children may be temporary, all of the above statements made by parents could also indicate that something is seriously wrong. Being told that their child has a disability is every parent’s nightmare. When this happens it feels as if their world has come crashing down around them. At a time like this and sometimes for many months later, parents feel like it is the end of the world for their child and themselves. They often think that nothing can be done. However it is well known that it is the families of the children, and specially the parents, who can change the course of development and improve the outcomes for children with disability. There are several things that parents can do

### **1) Parent, Teach Thyself:**

The most important thing parents of persons with disability can do is to educate

themselves about the disorder and become an advocate for the child and family. Knowledge is power and sources of information range from books to professionals to other parents to the Internet. Knowledge gives parents a sense of control at a time when hope and faith falter.

### **2) Parent to Parent:**

It is also critical to meet other parents of people with disability. Parents are generally the most helpful to other parents. Other parents can often give good advice as they may have experienced the problem first hand and have tried various strategies, eventually discovering what works and what does not. Joining a parent support group helps parents know that they are not alone.

### **3) Think Positive:**

Parents have feelings too and these are very important. It is not unusual to feel very depressed and hopeless from time to time. However, these feelings do pass too. It is very helpful for parents to think about times when they experienced a serious problem or crisis in their past, where they coped successfully. This helps to identify personal strengths and supports.

### **4) Partner with the Professionals:**

Parents and professionals together can be a formidable team for the child with disability.

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Parents must ask questions about what program has been planned by the teacher or therapist and how learning can be supported at home. If both parents and professionals follow the same teaching plan and methods, the child's progress will be faster and more enduring.

## **5) Ask for Help:**

Parents should prepare a list of things they need assistance with so that should someone asks if they can help in some way, a ready answer is available. Items on such a list may include making a meal, doing shopping, paying utility bills or taking the children to a park.

## **6) Be Organized:**

Store the child's records – both medical as well as academic - in a folder. Recording a child's actions over time by video or notes in a journal is very helpful in assessing progress. File all the information on disability and its management – this can be a very useful resource to other parents who have just been told that their child has a disability.

## **7) Accept Your Child:**

Finally, it is most important that parents love their child and accept him or her as he or she is. This is crucial to coping with the diagnosis and the implications of care.

Acceptance does not come overnight and there is no easy way. Acceptance means that one recognizes that the child has a disability and uses this knowledge as a means to understanding his behavior and development. It means that parents do not blame themselves or others for the child's condition and are able to help all who come into contact with the child to treat him with love, compassion and respect. Acceptance means that parents are not ashamed of their child, but value him or her as a human being with an important place in this world. The road to acceptance is often a long and arduous one, but here too, other parents who have been down that road will be the best guide.

With love, early intervention and education, people with disability can and do lead happy, productive lives and can be integrated into society. The problem is that society is not always tolerant of persons who are different. It is up to us as parents and professionals to educate society and help them understand and appreciate these very special people challenged by disability.

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## **BREAST FEEDING WEEK – GMC (1<sup>st</sup> - 7<sup>th</sup> AUGUST 2015)**

The Breast feeding week (1<sup>st</sup> week of August 2015) was celebrated with great enthusiasm in the Department of Pediatrics Goa Medical College with active participation from Undergraduates and Postgraduate students, nursing students staff and faculty members of the pediatric Department



Theme of Breast feeding week being **BREAST FEEDING & WORK: let's make it work...** focus was laid on the hardships faced by working women to exclusively breastfeed their newborns and other aspects of breast feeding.



INH Bambolim students actively participated in the celebrations and conveyed the message via posters, plays and songs in regional languages

It was followed by a lecture on various topics of breast feeding by Ms Ana Coelho leader of the La Leche Foundation in Goa, arranged by the Home Science students on day 2. They also enacted role plays and showed posters depicting benefits of breastfeeding and correct postures to be adopted mothers while feeding. MBBS Undergraduate students enacted skits about hardships faced by working women and various approaches which could be used to tackle the same in postnatal wards and OPD's

## **BREAST FEEDING ESSAYS**

### **BREAST FEEDING AND WORK! LET'S MAKE IT WORK!!**



**Mummy darling mummy,  
Oh how beautiful I look,  
This trendy little dress,  
With the cute booties that suite..  
The expensive formula feed you bought,  
And the most colourful bib from the lot..  
But mummy, that isn't what I want,  
External beauty and clothes to flaunt...**

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**It's your breast milk mummy that I desire,  
The energy, immunity and love that'll take me higher!!**

This is a prayer every little baby makes to her mother. Breast milk is every baby's right and THE most physiological fluid a newborn can get. We are all aware of the numerous advantages of breast milk. It is economical, has exactly what the baby requires and in the right proportion, carbohydrates, proteins, minerals etc. It is rich in immunoglobulins which help in fighting infections till the baby can produce its own. Moreover it strengthens the bond between the baby and the mother, thus helping him/her grow better both physically and mentally.

Now let us consider the long term effects. Breast milk contains long chain poly unsaturated fatty acids which are important for brain growth and development. A study done in Pelotas, Brazil, published in Lancet by Dr Bernado Lessa Horta stated that breastfeeding was positively associated with performance and intelligence at thirty years of age, education, school achievement along with a higher monthly income, 20% more than the average income!

Breastfeeding and work! Ah! It sounds so difficult. In today's fast developing era, with increasing number of career oriented women supporting their household, with increasing

financial demands, it becomes really difficult to cope up with domestic chores. But is the fact that we women are employed, reason enough to withhold breast milk from our child???

According to the Maternity Benefit Act 1961, mothers are entitled to paid leave of minimum 12 weeks in the private sector. While in the government setup maternity benefits extend upto 180 days along with additional childcare leave of 730 days. So to all the mothers working the Govt setup- your child may not remember the 1<sup>st</sup> year of his life, but using your child care leave in this crucial time, for the sake of breastfeeding your baby, will definitely make him/her a smarter, healthier and a better earning adult. It seems like a good investment for your baby's future!

Now the mothers in the private sector, what do they do?? Just 3 months of paid leave! 'What if my husband's income isn't enough to sustain our needs?' 'What if my boss is threatening me to resign?' 'I can't quit my job!' so what do we do now? Your baby can still have your breast milk.

'How?' Expressed breast milk (EBM).. The baby can be fed EBM while the mother is at work. Milk can be expressed manually or with the help of breast pumps. EBM can be stored at room temperature for 6-8 hours, in the refrigerator for 72 hours, in the freezer

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compartment for 2 weeks and in the deep freezer (20°) for even 6 months. The frozen milk has to be thawed prior to using it. In this way, women can continue to work while their babies get their rightful breast milk.

‘Who has the time?’ Times Of India, June 28<sup>th</sup> 2015- ‘Indians spend 47% of their time on apps like whatsapp.’ A survey in the U.S. stated that workers spend 6.3 hours online everyday of which 3.1 hours are spent on personal emails and social networking. Now I’m sure one’s own babies are much more valued than social networking. So if so much of our time can be spent online, I’m sure we can manage to steal an hour for expressing milk. If manual expression is cumbersome, one could use the manually or electrically operated breast pumps. The breast pumps can be bought from a pharmacy or ordered online. Prices start at INR 200 only.

‘Where?’ Breast milk can be expressed at home and stored in the refrigerator or if there is a crèche at the workplace, milk can be expressed during work and sent to the crèche. The employer could be informed regarding the same. The Australian Breastfeeding Association has formulated ‘The Breastfeeding Friendly Workplace program’, wherein workplaces have a private, comfortable place and time during the working hours for expressing breast

milk, not to forget support from employer and colleagues. May be in near future we can introduce similar programs in India.

‘Any other benefits?’ Oh yes! The cost of formula feed sums up to almost INR 12,000 for a period of 6 months. So feeding your baby breast milk would mean quiet a lot of saving to all you financially burdened mothers. Moreover, figure conscious mothers spend 1-2 hours daily at the gym trying to burn down the excess calories gained during pregnancy. There’s good news for you ladies! Breastfeeding helps in involution of the uterus and also burns out the excess fat gained during pregnancy. Not to mention, it also helps space out pregnancies and acts as a natural contraceptive.

All said and done, the fact remains that breast milk is THE best for your baby both for short term and long term benefits. As the cliché goes ‘Where there is a will, there is a way!’ Yes dear mothers, if you really want the best for your baby, than you will strive hard to feed your baby, coz nothing is impossible, especially when it comes to doing something for your own child. At this point I’d like to confess that the poem I wrote at the beginning came straight from my heart, cause I was a babe who was breastfed for only 3 months for certain reasons, and I wish I got this excellent

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nourishment a little longer. Anyways, we can't go back in time, but we can change the future. Let us not give our children and ourselves reasons to regret in future and start doing what's right for our children right away..

So, breastfeeding and work! Yes we can and we will make it work!!

Dr Nadia Fernandes

(2<sup>nd</sup> year P.G student, Dept of Pediatrics, Goa Medial College)

## **BREAST FEEDING AND WORK :** **LETS MAKE IT WORK**

Balancing work and family life, including breast feeding, is increasingly necessary for women's rights and a strong healthy and vibrant workforce and a better society. Today's global economic and labour conditions are changing rapidly, with some positives but many negative implications on women's health and livelihoods, as well as of their children and families. Integration of women's work and life will benefit all sectors of society. Benefits include productivity, family income, job security, women's and children's health and well being, employers' long term profits and nation's health and socioeconomic stability.

**This years theme for World Breast Feeding week " Lets Make it Work"**

therefore involves everyone and together  
**WE CAN MAKE IT WORK.**

Supporting women to integrate productive and reproductive work is a complex and amulti-level task and requires diverse strategies. Goals for this years' WBW (World Breast feeding Week) by WABA (World Alliance for Breast feeding Action) are:

1. Galvanise multi-dimentional support from all sectors to enable women everywhere to work and breast feed safely and adequately.
2. Promote action by employers to become family/parent/baby/mother friendly and to actively facilitate and support employed women to continue breastfeeding their children.
3. Inform people about the latest in global maternity protection entitlements and raise awareness of the need to strengthen related national legislation and implementation.
4. Strengthen, facilitate and showcase supportive practices that enable women working in informal sector to breastfeed.
5. Engage with target groups to protect the breast feeding rights of women in the workplace.

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**Why it matters?** It matters because breast feeding benefits the baby, mother, family, society and the nation. Babies who are fed nothing but breastmilk from birth through their first six months of life get the best start. Exclusive breast feeding provides babies the perfect nutrition and everything they need for healthy growth and brain development. It protects from respiratory infections, diarrhoeal diseases and other life threatening ailments and also provides protection against obesity and non-communicable diseases such as asthma and diabetes. To increase the rate of exclusive breast feeding we need to limit formula marketing, support paid leave, strengthen health system and support mothers.

## **What can be done in the WORKPLACE?**

Mothers need to be given enough maternity leave to get breast feeding established. It should be made easier for mothers to return to work by providing time and place to breastfeed and express and store milk.

### **What EMPLOYERS can do?**

Respect national laws on paid maternity leave.  
Provide place and time to breast feed  
Provide options to mothers: on-site child care, flexible work schedules, teleworking, part-time work and let mothers bring their babies to work.

### **What CO-WORKERS can do?**

Support the mother who needs time and flexibility to breastfeed.  
Encourage new mothers with a positive, accepting attitude.  
Recognize that the months after having a baby are special.

## **What TARGET GROUPS can do?**

Inform women about their rights.  
Ensure breastfeeding mothers' voices are heard through consultations and negotiations.

## **What LAW MAKERS can do?**

Ensure paid maternity leave.  
Provide protected place and time for mothers to express milk at work.  
Prevent discrimination against women and mothers at work.  
Breast feeding support in the workplace saves businesses money, makes a difference to working parents, boosts staff morale and helps build a healthy society.  
**BREASTFEEDING AND WORK : LET'S MAKE IT WORK.**

**-Dr. Sarvesh Kossambe**

(2<sup>nd</sup> year P.G student, Dept of Pediatrics, Goa Medical College)

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## Quiz-Mania!

### POST GRADUATE PEDIATRIC QUIZ



### Undergraduate Pediatric Quiz- Intracollegiate Round

The Department of Pediatrics, Goa Medical College organised the 28<sup>th</sup> IAP Pediatric quiz for undergraduate, College Round on

the 12<sup>th</sup> of August 2015.

The quiz was coordinated by Dr.M.P.Silveira, Dr. Lorraine D'Sa, and Dr.Amira Shaik.

Quiz master was Dr.Lorraine D'Sa  
4 teams were chosen based on the top scoring teams at the written elimination round held on 27<sup>th</sup> July 2015.

- Team: "A": Pasmashree Haldankar  
Lekshami M.R  
"B" Aishwarya Gurav  
Anushree Khaunte  
"C" Sanchita Bhandare  
Poorva Kher  
"D" Mitosha Carvalho  
Pranav Nadkarni

Team C comprising of Ms. Poorva Kher & Ms. Sanchita Bhandare emerged winners!

### Postgraduate Pediatric Quiz- Intracollegiate Round

On the 18<sup>th</sup> of August the department of Pediatrics organized the PG Pediatric Quiz . The quizmaster was Dr Prashant Prabhu.

The team comprising of Dr Sarvesh Kossambe and Dr Nathan Pinto emerged as winners. And Dr Rashma and Dr Yahya emerged as Runners up.

### Neonatology Quiz

The Postgraduate PG NNF quiz, intracollegiate round was held on the 13<sup>th</sup> of August 2015. Dr Aarthira Ajay and Dr R. Saktivel emerged as winners. The Division Round of the NNF quiz was

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held at Goa Medical College, in September 2015.



3 teams participated in this Divisional round

Dr Amit Garg & Dr Inderdeep Singh from Pravara Institute of Medical Sciences and Rural Medical College, Loni

Dr Amit Galgali & Dr Snehal Surana from KIMS, Karad.

Dr Aarthira Ajay & Dr R. Saktivel from GMC.

Dr Aarthira Ajay & Dr R. Saktivel from GMC emerged as winners.



The Quizmaster was Dr Kavita Sreekumar and Dr Shivanand Gauns was the Chief guest for the event.



## Undergraduate Pediatric Quiz- Zonal Round

The Department of Pediatrics, Goa Medical College organised the 28<sup>th</sup> IAP Pediatric

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quiz for undergraduate, West Zone, Zonal Round on the 29<sup>th</sup> of October 2015

The quiz was coordinated by Dr.M.P.Silveira, Dr. Lorraine D'Sa, and Dr.Amira Shaik.

Quiz master was Dr.P.V.Rataboli  
3 teams from Mumbai division, Pune division and Gujarat division participated. Teams from Nagpur division and Aurangabad division couldn't make it..

The Teams included:

Team: "A": Tarang Shah  
Shivam Shah  
(Baroda Medical College)

"B": Delnaz Palsetia  
Vishal Gavali  
(Grant Medical college)

"C" Animesh Kumar  
Saurabh Pandey

( AFMC)

**Team C** comprising of Animesh Kumar & Saurabh Pandey from AFMC Pune, emerged winners!

**Indian Academy of Pediatrics initiative titled**

**'Gaoon ki baat IAP ke saath'**



Camp was organized by IAP-Goa State Chapter at Ibrampur, Goa on the 24<sup>th</sup> of May 2015. The program was conducted by Dr A.O. Nazareth, Executive Board Member, IAP, Dr Anant Kini, Senior Pediatrician Porvorim and Dr Damodar Narvekar.



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## CME PROGRAMS HELD

15<sup>th</sup> March 2015 (Hotel Fidalgo)

### TOPICS:

1) **Pediatric Orthopedic Problems** ‘My child is not walking properly: *what to look for , how to manage limping child* and ‘What is new in orthopedic problems in child- *an update in pediatric practice* by **Dr Taral Nagda, Pediatric Orthopedic Surgeon, Hinduja Hospital**



2) **Pediatric neurology CME** titled ‘C.P Mimics and Management of epilepsy’ by **Dr Neelu Desai, Pediatric neurologist Hinduja Hospital.**

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## VACCINE CME 26<sup>th</sup> April 2015

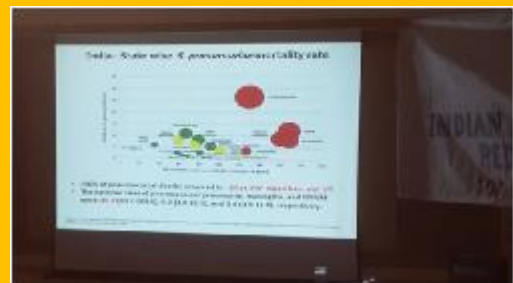
(Hotel Fidalgo)

Hepatitis A and Chickenpox Vaccines by Dr Nitin Shah



## CME 28<sup>th</sup> June 2015 Hotel Fidalgo

- 1) **Pneumonia in Children and its Prevention** and **IAP-RNTCP, Guidelines on Management of Pediatric TB** by Dr Harshad Kamat  
Neonatology Update- Lessons learnt from US experience, Dr Shivanand Gauns



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## CME 19<sup>th</sup> of July 2015

Goa State Central Library Auditorium  
**Pediatric Nephrology: Approach to Hematuria in children and Recent advances in Pediatric Nephrology** by Dr Kamini Mehta Consultant Pediatric Nephrologist at Lilavati Hospital and Research center, Hiranandani Hospital, Global Hospital, Holy Family Hospital and Fortis Hospital, Mumbai.



**Rabies:** 1.Tragedy of rabies by Dr Rosario Menezes

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2. Prevention of Rabies by Dr Lorraine D'Sa

**CME 19<sup>th</sup> August 2015** at Hotel Mandovi,  
**Recent Advances in Pediatric Solid Tumors** by Dr Sucheta Vaidhya UK based Pediatric Oncologist



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## IAP MODULES

### MONSOON MALADIES

2<sup>nd</sup> August 2015

#### **The Faculty for the workshop included**

- 1) **Dr. Mahesh Kore** Consultant Pediatrician and director of Shree Hospital, Pediatric and Neonatal care centre at Nipani
- 2) **Dr. Babbana Hukkeri** Consultant Pediatrician Belgaum Childrens Hospital Pvt Ltd
- 3) **Dr A .O .Nazereth** Consultant Pediatrician Goa
- 4) **Dr Shilpa Jogleker** Sr Consultant Pediatrician Goa Medical College



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## MINIRESPIRE MODULE

6<sup>th</sup> September 2015

The Faculty for the workshop included

- 1) **Dr . Rohit C Agrawal**, Consultant Paediatrician
- 2) **.Dr Subramanya N. K.**, Consultant Paediatrician
- 3) **Dr Dhanesh Valvoikar**, Consultant Paediatrician
- 4) **Dr. Chetna Khemani**, Consultant Paediatrician



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## RATIONAL ANTIBIOTIC PRACTICE

20<sup>th</sup> September 2015

### The Faculty for the workshop included

- 1) **Dr Harshad Kamat** ,Consultant Paediatrician
- 2) **Dr Niranjana Mahantshetty**,  
Dean of JNMC, Belgaum
- 3) **Dr Suhas Prabhu**, Consultant Paediatrician.



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## Appropriate Pediatric Practice

on 15<sup>th</sup> November 2015

### The Faculty for the workshop included

1) **Dr. Vaishali Joshi**, Associate Professor  
in Paediatrics, Goa Medical College

2) **Dr Somshekhar AR**, Professor  
Department of Pediatrics, M.S. Ramaiah  
Medical College & Hospital

3) **Dr. Chetna Khemani**, Consultant  
Paediatrician.

4) **Dr. Sanjay Atleker** Pediatric  
Gastroenterologist.

5) **Dr. A. O. Nazareth**, Consultant  
Paediatrician.

6) **Dr. Ramu Shastry**, Consultant  
Paediatrician and Endocrinologist

7) **Dr. Mimi Silveira** Professor and HOD of  
Department of Paediatrics, Goa Medical  
College.

8) **Dr. Shivanand Gauns** Consultant  
Paediatrician and Neonatologist



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## **ADVANCED NRP PROGRAM AT GOA MEDICAL COLLEGE DATE 26<sup>th</sup> July 2015**

The Program was held at Goa Medical College with the aim to enable the residents of the Medical College to acquire skill of advanced resuscitation.

However, at the very first announcement the workshop received an overwhelming response from both senior and junior pediatricians. Within a mere 15 days of the first announcement the 36 seats were full. The workshop began at 9 am on 26<sup>th</sup> July 2015. It was attended by 32 doctors 4 of those registered earlier could not make it due to personal reasons Among the doctors 31 were pediatricians and 1 was an intern.

The faculty was:

**Dr Niranjana Mahantshetti (Lead instructor)**

**Dr. Manisha Bhandankar**

**Dr Vinay Joshi**

**Dr Virendra Gaonkar**

**Dr Kavita Sreekumar**

**Dr Annely D'Lima**

**ONLINE TEST**

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All 33 participants passed the online test  
One of the candidate who passed the online test could not attend the workshop

Stations were as under

**Preparation at Birth & Initial steps  
PPV**

**Chest Compression**

**Intubation**

**Drugs and Vascular Access**

**Integrated skills**

**Case Based Resuscitation Scenarios**

**Lecture on Special Circumstances**

**Video Preterm Resuscitation**

**Practical Assesment**



All the participants enjoyed the practical workstations which focused on harnessing basic skills. The simulation was a good way to learn

## BASIC LIFE SUPPORT

Date – 18<sup>th</sup> October 2015

By IAP GOA STATE BRANCH with GOA  
MEDICAL COLLEGE Pediatric

Department

Course Director:

**Dr. Narendar Nanivadekar**

*Instructors:*

**Dr. Narendar Nanivadekar**

**Dr. Mandar Patil,**

**Dr. Jaysin Raorane,**

**Dr. Vijay Gavade**



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## Member Activities

### WORLD EARTH DAY

26th April 2015



Dr. Rajendra Dev

### CAMP AT CHINMAYA ALOK

Dr. Anant Kini  
Dr. Chetna Khemani  
Dr Damodar Raiker



### CHILD LABOUR DAY

12<sup>th</sup> June is World Child Labour day. As a part of awareness program Dr Sushma Kirtani Chairperson for Goa State Commission for protection of child rights had child labour posters, fillers in English and Marathi to spread awareness against Child Labour. The cposters were put up in Hospitals, public places like market, malls, bus stops and railway station, clinics and schools etc. Fliers with details of fine for alleged child labour was distributed to public. A Seminar under the heading “Strategies for Prevention of Child Labour was organized for general public.

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## ORS DIARRHOEA WEEK 27<sup>th</sup> July to 2<sup>nd</sup> August



**Children should enjoy a Childhood and not earn a Livelihood.**

**Initiate a change today... on this World Day against Child Labour.**

Today, throughout the world millions of children are working, some of them full time. Some of these children spend up to twelve and have little or no time to play. They have been deprived of the chance to be children.

The World Day is an opportunity to raise your voice against child labour in all its forms. Do not use children less than 14 in child labour in domestic or industrial setup.

Join the movement to remove children from exploitative working situations, and help ensure that India has a safe and well balanced society of tomorrow.

**PUNISHMENT FOR VIOLATION**  
Imprisonment Ranges from  
• 3 months to 1 Year  
• Fine from Rs. 25,000/- to Rs. 50,000/-

ISSUED IN PUBLIC INTEREST BY  
**Goa State Commission For Protection Of Child Rights**  
Office - Sardar Patel Apts., Dr. Dadasaheb Phalke Road, Panaji, Goa - 403 001  
Phone: 1802-242193 Email: sardarcomgoa@vsnl.com Website: www.goaarc.gov.in



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## SEMINAR ON TEEN HEALTH – HEALTHY BODY HEALTHY MIND

Date 18<sup>th</sup> October 2015

## WORLD HEPATITIS DAY

28<sup>th</sup> July 2015

Dr Purnima Usgaonkar distributed self prepared information leaflets on Hepatitis for awareness to St Mary's School children and donated self written books to the library

IAP Goa State chapter along with Goa State Commission For Protection of Child Rights had a seminar on Teen Health at Ponda. Theme was Healthy body Healthy mind. Dr Dev, spoke on Media influence on teenagers, Dr Sushma Kirtani spoke on Risk Taking Behavior in Children and Adolescents. Prachi Khandeparkar, child psychologist at Sangath and Rohini Diniz Nutritionist spoke to parents and teenagers.

## VTT Training – Dr. Shivanand Gauns



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## MENTAL HEALTH DAY



## ADOLESCENT PROGRAM IN SCHOOL

Dr. Sushma Kirtani  
Dr Damodar Raiker



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## **Activities at Sethu, during Aug- November 2015 with families of children with autism**

**-Dr.Nandita de Souza**

### **Arambh Parent Training Program**

Getting one's child diagnosed with autism can be a great shock to many parents. They often feel out of their depth and do not know how to move forward and help their child. Questions like "Why did this happen to my child?" "How can I train my child?" "When will my child speak?" and so on assail them. We know that parents are experts of their children, are deeply interested in their progress and are also best placed to help them throughout the day, as they care for, play with and spend time together doing all activities of daily living.

Sethu conducts a training program called 'Aarambh', specifically designed to meet the needs of parents whose children have been recently diagnosed with autism to build this remarkable human resource provided by nature.

During September 2015, the 4-session Aarambh course was held on Saturday afternoons, to help parents understand autism, the importance of using structure, the value of playing with children, improving their communication skills and managing challenging behaviours. Parents

were able to discuss their worries and obtain answers to the many questions they had. Equipped with this knowledge, parents can prepare their children to be more socially competent. Resource persons at the training included parents of older children with autism, who have shown good progress through therapy over the years. This parent-to-parent interaction creates hope and motivation and is the most powerful agent of positive change.

### **ASHA PARENT TODDLER PROGRAM**

Early diagnosis followed by intensive intervention can bring about far reaching changes in the development and communication of children with autism. However there are just not enough trained professionals to meet the demands of therapy. To overcome this difficulty, from 2012 onwards Sethu started conducting 'ASHA' a program to train parents mostly (mothers but now fathers also are participating) along with their children having autism. This 25 session program runs on 2 mornings every week for 12 weeks. This was conducted from July to September 2015 and included 8 parent-toddler pairs.

During the Asha training, if you visit the Sethu centre on a Tuesday or Thursday morning, you will be greeted with the melodious voices of therapists and mothers singing the "Good Morning" song at the start

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of the session. The next 2 hours fly past as mothers are coached on how to promote non-verbal communication like eye contact and pointing, improving sitting behavior, getting children's attention using things that they enjoy and playing together to create a social connection. Through the sharing of ideas and difficulties, the mothers form valuable emotional bonds of support. The children's progress is monitored through the use of Autism treatment evaluation Checklist. Sethu has successfully executed 4 Asha programs so far and all the children showed improvements based on data and parent feedback gathered on conclusion of the course. This data will be disseminated at the 2<sup>nd</sup> International Developmental & Behavioural Pediatrics conference to be held at Istanbul, Turkey in December 2015

## NATIONAL REPRESENTATION

### PEDICON 2015



Dr Sushma Kirtani giving a talk at ADOLESCON 2015- National Conference of Adolescent Health Academy IAP at AJ Institute of Medical Sciences Mangalore

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conducted a life skill education workshop at this Youth Mela which comprised of talks on helping the young children to understand empathy. Dr A. R. Somshekar, Professor Department of Pediatrics, M.S. Ramaiah Medical College & Hospital also conducted the workshop along with Dr Sushma Kirtani, IAP-GSC, President

## PUBLIC IMAGE

- 1) Dr. Lorraine D'Sa Sr. Consultant Pediatrician at Goa Medical College gave a talk on "Care of the Newborn" during a special program titled Swasth Bharat on Goa Doordarshan on 30<sup>th</sup> April 2015
- 2) Dr. Priyanka Amonkar gave a talk on Diarrhoeal Diseases and Prevention and benefits of Breast feeding on Goa Doordarshan on 23<sup>rd</sup> July 2015
- 3) Dr Sushma Kirtani has been writing for Navprabha an article called 'AYUSH' This is a teenage series on Issues in Adolescents

A Youth Mela was organized on the 13<sup>th</sup> of August 2015 at the "Adolescon" Mangalore. Dr Sushma Kirtani, IAP-GSC President

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