

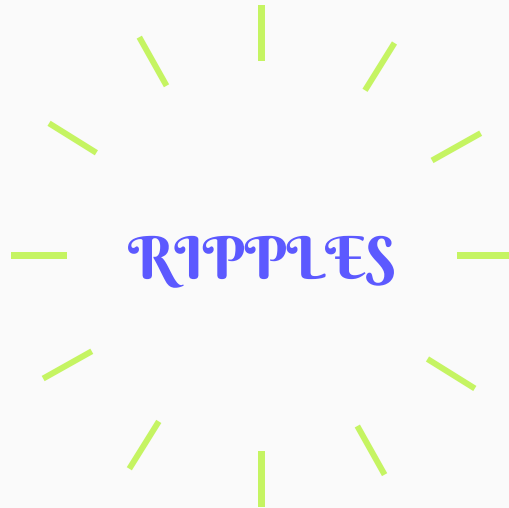
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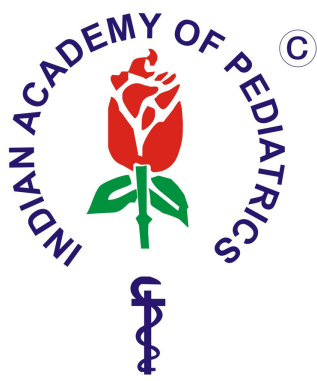
JANUARY 2021: ISSUE 1

SILVER JUBILEE EDITION

PEDISCAN

MONTHLY JOURNAL OF IAP-BPS
BANGALORE





IAP - BPS

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BANGALORE

MESSAGE FROM PRESIDENT



Respected Seniors, Academicians, Colleagues and dear friends,
Greetings from the IAP-BPS family.

Wishing a very happy, healthy & peaceful New Year, to each of you
and your family.

We are indeed proud to be among the first few countries to receive
the Covid-19 vaccine. We pray & hope that with the vaccine rollout,
2021 will be a safe and normal year for all.

I take this opportunity to thank each of you and request you to
guide and support us in our endeavors to raise the bar of IAP -
Bangalore higher.

Wishing the "SILVER JUBILEE EDITION " editorial team headed by Dr
Kishore Baidur, Dr Ramitha Pai & young team members a
successful year ahead!!!

Prof.Mallikarjuna HB

President IAP- Bangalore 2021.

JANUARY 2021: ISSUE 1

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BANGALORE



MESSAGE FROM SECRETARY



Dear IAP Bangalore members,
Greetings from IAP Bangalore Team 2021!
Wishing you all a very happy, healthy, and prosperous New Year!
Happy Makara Sankranti to all!

It gives me great pleasure to present the first edition of our monthly e-Pediscan. We've a very dedicated editorial team which is an amalgamation of experienced and young talented members, headed by Dr Kishore Baindur and Dr Ramitha Pai.

We've planned for quality academic programs both on virtual platform and physical meetings throughout the year. We look forward for your support and co-operation for all the activities. Looking forward for your valuable contribution for academic, non-academic articles and any other creative work.

Happy Reading!!

Warm regards,

Dr Priya Shivalli

Hon. Secretary

IAP Bangalore- BPS

MESSAGE FROM CENTRAL IAP PRESIDENT



New Year Greetings to IAP-Bangalore.

On the occasion of your Inaugural Ceremony of Team 2021, It is my pleasure to wish the President Dr Mallikarjun HB, Hon Secretary Dr Priya Shivalli, Treasurer Dr Shivprakash Sosale and all Team members of IAP-Bangalore, a very Happy 2021 and all the best in the New Year.

I am also happy to know that your monthly newsletter 'Pediscan 'has completed 25 yrs. of publication. I hope it reaches greater heights in distributing scientific and academic knowledge to all in the coming year. I wish the Chief Editor, Managing Editor and the entire Editorial Team, the very best.

Thanking you.

Yours sincerely,
Dr Piyush Gupta.

MESSAGE FROM HSG



Dear members,

Satisfaction lies in the effort, not in the attainment. ~ Mahatma Gandhi

It gives me immense pleasure to announce the installation of IAP- Bangalore's new team on 17th of January 2021. The team has worked really hard to reach this point, and I'm so happy that you've been recognized for your accomplishment with this new group. I wish the team of 2021 lead by President- Dr Mallikarjun H, Vice Presidents- Dr Raghunath C N, Dr Nandeesh B, Secretary- Dr Priya Shivalli, Treasurer- Dr Shivaprakash Sosale, Joint Secretary- Dr Arun Kumar A R and team members the best of luck. I heartily congratulate the successful team of 2020 lead by President-Dr Ravishankara M, Vice Presidents-Dr (Capt.) Gopi Krishna Prashanth Urs, Secretary- Dr Sumitha Nayak, Treasurer-Dr Shivaprakash Soslae Joint Secretary- Dr Priya Shivalli and team for the tremendous work done and look forward to having your complete support in the future too.

I thank each one of you for your commitment, professionalism & discipline shown towards IAP. I am proud to say that despite the COVID outbreak, there is no halt or a downward trend in the academic work. I congratulate the entire team and wish to see the same enthusiasm in the future too.

Last but not the least, my special mention and congratulations to the Executive Editor-Dr Kishore Baidur, Managing Editor- Dr Ramitha Pai & team for successfully publishing this. Be safe and keep everybody safe around you.

Together Let's Build IAP.

Jai Hind!

Jai IAP!

Sincere Regards,

Dr G V Basavaraja

Honorary Secretary General-2020-21

MESSAGE FROM STATE PRESIDENT



Hearty congratulation on the eve of the 25th anniversary of “PEDISCAN”!

Indeed, a great achievement in the motivation for the ones with a research orientation to share and display their work and to also disseminate knowledge amongst the Pediatricians.

I am sure under the able leadership of Dr Kishore Baindur and Dr Ramitha Pai the popularity and readership of PEDISCAN will rise exponentially.

COVID has shown that the digital media when used judiciously is indeed a useful tool to reach out effectively to a larger audience. Perhaps, IAP-BPS could use the IAP Karnataka web site (scheduled for launch on 16th January 2021) and reach out to all Pediatricians of our state.

Dr. Ashok R Datar

President

Indian Academy of Pediatrics Karnataka State 2021

+919448042689

MESSAGE FROM EDITOR

Greetings from the Editorial Committee of PEDISCAN & IAP- BPS TEAM 2021 for heralding in the New Year. We sincerely wish that all of us have a better & safer year ahead than the one past.

The Central theme of this year's Pediscan would be the elixir of life, the life sustainer & one of the important Pancha Maha Bhoota's (five great elements- which forms the basis of all creation) i.e WATER and its myriad forms.

RIPPLE'S, a small wave or series of waves on the surface of water is caused by a slight breeze or from an object dropped into it.

We wish Team 2021 to produce positive ripples of academics, acts of social responsibility, member & family involvement & generate positive vibes in all its activities.

A word of caution to all, that we surely are not out of the woods as regards the sinister Corona pandemic. Vaccine or no, let us continue to safeguard ourselves with renewed vigour & go about Implementing SMS (sanitisation (hand wash), Mask & Safe distance)

This inaugural edition of PEDISCAN which also happens to be in its SILVER JUBILEE YEAR ,as it is the 25th year of publication, brings you an article on neonatal jaundice ,a bug bear for all of us who deal with new borns, by renowned Pediatrician & Pioneering Neonatologist Dr Swarna Rekha Bhat (one among those who laid the foundations of Neonatology in India).We hope that it would be of help to one and all.

Modern day life is incomplete without a cell phone in possession by an individual, but alas it is proving to be a bane than a boon. Dr Uma has very succinctly brought about some facts on how to deal with this malady in her nicely penned article on how to deal with mobile phone usage in kids.

The committee also seeks your feedback, suggestions and constructive criticism to improve and sustain the momentum of PEDISCAN in future, along with contribution of articles of academic/nonacademic interest.

(you can mail your views and contributions to Pediscan2021@gmail.com)

We wish Team 2021 a momentous year ahead full of energy, activity & luck to again be the premier branch of the IAP.

Chief Editor -Dr Kishore Baindur

Managing Editor-Dr Ramitha A Pai

Editorial Team

MESSAGE FROM OUTGOING PRESIDENT 2020



Respected all,

It is January, and hence traditionally, the change of office occurs. The incoming president Dr Mallikarjun, professor at MSRMC, and his team is a wonderful team which is taking over and I wish them, a fruitful year ahead.

Looking back, the tenure of my golden team 2020 and the year 2020 which will be remembered for centuries to come, had a roller coaster ride. Unable to identify what lay ahead, and without any precedence to stick on, and a complete novice situation, the road ahead was not seen, then, the inner confidence came to the rescue, and the team built the foundation on it and finally came out with a respectable, admirable and a path breaking, formula, to fulfill the aspirations of its members.

Speakers from all over the world, audience which used to be only IAP Bangaloreans, comprised now the IAPians across India mainly and sometimes from all corner of the world and all strata of academicians, starting from PGs to all. Once the light in the tunnel and at the end of the tunnel were obvious, the Goal was clear and with the help and further guidance from teachers like Drs Shivanand sir, SubbaRao, Maiya sir, Swarnalatha madam, Raghupathi sir , Prof Srinivasan and the ever supportive Drs Kasi , Jagdish Chinnappa, Nagabhushan, Kishore Baidur sirs, the best help from my friends Drs Prabhakar Murthy, Naveen Kini, and many more kindled the aspirations further and could the finish year, with fulfillment and containment in the hearts of the team members.

The other feather was, successfully clearing of all the pending financial audit starting from 2013 till 2020, with the utmost sincere work from the treasurer Dr Sosale, the 6 past presidents, secretaries and the treasurers. Hope we will get back our 12(A) and other tax benefits and help in society reregistration.

Now the path is clear and no hindrance, no hurdles.

Let me always cherish the support given to me from my family members, Dr Shrivalli, my ever-loving wife, my children, Anarghya and achinthya.

At the end, i keep fondly two unfading, ever blossoming flowers in my heart.

*One, the love and affection of the IAPians i.e. ""YOU" and the *supportive, closely stitched my golden team 2020. *

Let me end the tenure with lots of hope for the upcoming years to all of us which give us good health, wealth and peace and the country progressing and becoming the world's best.

Thanking you all

Dr Ravishankara Marpalli

President -2020

IAP Bangalore

MESSAGE FROM OUTGOING SECRETARY 2020



Dear IAPians,

Wishing you and your family a VERY HAPPY NEW YEAR 2021. I hope and pray that this year will be filled with peace, good health and joy for you all.

With each sunrise, we are given a chance for a new beginning. As the new TEAM 2021 takes over, with plans of a year filled with academics and activities, there will be many opportunities to learn as well as to share knowledge. These occasions will help strengthen our paediatric skill and I urge all of you to make the best use of these learning chances .

The monthly Pediscan will continue to delight all the readers with articles from varied fields.

I wish the editorial team led by Dr Kishore Baindur and Dr Ramitha Pai much success in their endeavours this year.

Thank you all once again.

Dr Sumitha Nayak
Hon Secretary IAP Bangalore 2019, 2020

MESSAGE FROM PAST PRESIDENT- DR SHUBHA BADAMI



Dear IAP-BPS,

I congratulate incoming IAP-Bangalore President, Dr Mallikarjun and Hon secretary, Dr Priya Shivalli and their team of office bearers, while wishing them a successful tenure in 2021.

I was asked to write on my role as President, IAP- BPS 2013 And I wondered, why was there no drum roll, either when it began, or when it ended? Status remained: A responsibility and a privilege.

On reflection, what comes to mind are these thoughts

1. I was a woman in that prestigious post after twenty years!

2. Did the team have on board, the most number of women than any in the past or to date? Yes.

3. I had invaluable guidance and help of experienced past presidents in IAP BPS (too many to name) and staunch support of Drs Geeta Patil (who went on to claim best national branch award as President herself shortly) and Preeti Galagali (whose latest accolades include adolescent medicine posts at international level) and other good friends, again unnamed, but they know who they are!

4. Active Hon Secretary in Dr Ravishankara, who had this catchy caller tune of 'gana nayaka' that I heard daily and learnt to hum along with, as we spoke to resolve one issue or the other. Ravi fielded the funding as well as delegating tasks. The only two stern requests I recall making to him were a) we don't go overboard with spending on frills b) that he let me proofread all that went out in publication from the secretary's desk. Ravi went on to serve as President 2020 with grace and competence, not letting the pandemic flay his enthusiasm, reaching heights in arranging prompt virtual learning and now ,a feather in his cap ,with Team 2020, led by him and Drs Sumitha and Sosale winning the CIAP BEST BRANCH AWARD 2020!

5. Lastly ,I learnt on the job – that the first half is all energy time and resources planning the year ahead, monthly meets and the big CME mid-year. The second half planning the valedictory and elections! Dr Natesh has averred that all presidents must first serve as secretary and treasurer, I know that he is right.

Unfortunately, I never had that experience.

Eight years ago, we corresponded by group email and phone calls, met often at my house, and shared plans of action over tea. Team contributed and followed up diligently on agenda. Camaraderie was warm and lively. Opinion was sought and respected.

Monthly meetings were well attended, and the annual June CME was aptly named Sugnaana by Ravi -a comfortable under 500, low budget, academic meet at Nimhans with great, cross -super -specialty learning. Conference status and grandeur took over in subsequent years.

It has always been a tradition in IAP BPS to honor individuals. We chose to honor Dr Asha Benakappa, in our inaugural.

Organizing speakers and venues for monthly meets (speaker suggestions came from people who had heard upcoming young academicians as well as trusted wise teachers of yore - help from Dr Kasi, Dr Gnana Dr Nagabhushana and Basavaraj), balancing different personalities and taking team together -help from Dr Kishore Baindur! Post graduate teaching was restarted on a monthly basis with small help from Dr Mahabaleshwar Maiya's Bangalore Medical Trust. Dr Sahana from Mysore, Dr Nagabhushana, were a few teachers who offered valuable teaching. We conducted CIAP workshops at KIMS and IGICH. The first AHA Adolescent workshop, MKU the first to focus pediatrician's attention and train them in adolescent medicine was one of them.

Tree planting was a passion, giving away potted plants rather than souvenirs that would sit on a dusty shelf. We subsequently planted tree saplings in IGICH and Bowring hospitals. Dr Somashekar was my partner in action. He has a thriving green yard in his village school [he dropped home in my absence, chatted with my mother who loves him, and walked away with the plants on more than one occasion!] Dr Geeta and I had students plant saplings in her school, which must have grown handsomely now.....

We were able to help the Uttarakhand flood relief with a donation. Volunteers of Doctors for Seva were partnered by many of our doctors.

The IAP office at Malleshwaram was commissioned for use and Harish our excellent and sole, all -in -all office staffer, kept it ready at the ring of a phone call. All will recall him asking for their 'tindi 'preferences, like the good host he is.

A lot of resilient friendships were born in that year.....and we have stuck together through times good and worse.Well, it seems I now have joined the august body of Past Presidents, unwittingly.

...

Memory lane does not stop here, as my work in IAP BPS was so varied....

Did I have a more rewarding stint as Chief Editor of the Pediscan? And as academic souvenir chief of various national conferences. Maybe yes, in many ways.

I am indebted to Dr Vasudev Dhananjay. In his tenure as IAP BPS President, Dr Vasu called me up at 7 am (saying that's his time to call folk when they are relaxed with a cup of coffee and the morning paper) saying he had chosen to offer me the post. I jumped at it. It was with Dr Nagabhushana, that I had earlier worked with, a few years, on the Pediscan and CME souvenirs. I do recall the size of the souvenir in Dr M Govindraj's presidential tenure, as generous in proportion as his heart!

I had fun. And worked hard. First, I wanted to make each journal's cover original and eye catching. I struck luck. On the first issue was a brilliant photograph of an ancient banyan tree gifted by the valley school art teacher Shukant Mukherjee to Dr Pramod Shanbhag, ace naturalist photographer, to whom I am very grateful. He gladly gave me his original photographs for three or four consecutive issues. Each went with a lively story.

The journal's content ranged from academics (with super specialty articles from neurosurgeons, endocrinologists, cardiologists, psychologists, plastic surgeons, intensivists et al), to wise, creative and humor-filled ones. I recall one heartwarming article by Mr. Subroto Bagchi during Dr JC's presidential tenure on Dr Baliga, his child's Pediatrician. Poems by Dr MKC, Travel stories and more. Team went wild with Googling quotations to use as 'fillers', editing was needed!

My work at the design and layout meant hours that I had taken time out of family and practice, spent to sit with the most unimaginative printer. It was worth every bit to see a flawless edition in my hand. A funny moment was when I let him do the page with photographs of office bearers, on his own. In the final proof, imagine I see two past presidents, (printer had tried to scale down different sizes of portraits), wearing the same pale gray identical collared T shirt! The printer says, 'photocopy shirt madam, parvaagilla irali'.

I later took a leaf out of his book and photocopied exotic plants and planted them in lush beds across the Vidhana Soudha for the souvenir cover of Dr Nagabhushana's Respicon (I doubt whether he even noticed!)

Two IAP national conferences 1) under Dr Suresh Rao Aroor and Dr Paramesh, Dr Ranjan Pejaver was editor in chief of the souvenir. I did black ink illustrations to showcase Karnataka 2) under Dr Jayoji Rao, the team brought out a souvenir that ran to 200 pages with the best contributions. A lot of work, but soul satisfying. Again, a photoshop aided design of pretty flora of the state on the glossy cover. It was fun.

Dr Girish organized his simple and 'science only' Critical Care National conference which kept me on my toes! [He did away with chairpersons, bouquets, and souvenirs if I am right!] Chasing the scientific speakers' weeks ahead of their talks is sheer optimism. An nth minute putting together of their slides is generally the norm. I got quite a few speakers keenly irritated, including Dr Suhas Prabhu, with my incessant email reminders. Some simply ignored me.

Dr Jagdish Chinnappa conducted the first combined AAP IAP conference and I made the souvenir of scientific extracts with the help of a delightful young adult called Krishna, Dr JC s erstwhile patient I believe, who formatted, designed and made CD copies all in his small studio in Gandhinagar. It was a tough job.

Balancing cost versus pages of material was always a chore. Utivac and Sri Shankarnarayan were gracious always with bearing the costs. The band of enthusiastic young Pediatricians on the editorial team who diligently followed up with requests helped meet deadlines. Subsequently, four copies a year became three then two! Finances!! An E bulletin was started during my Presidential Tenure in 2013 with Dr Preeti Galgalli as editor, which was the first and only version that year. Since a couple of years now, excellent monthly E-Pediscans are brought out by Drs Sumitha, Priya Shivalli, Nandeesh and Chidananda. 'Times, they are a -changin,' sang Bob Dylan.

The past issues of my Pediscan adorn a shelf at home and will never be given away.

Grassroots level work:

Three years as EC IAP- BPS were a learning experience. I recall attending every EC meeting in Agadi Hospital when it was called by Dr PP Maiya along with Dr Geeta. We were wholly in awe of his steely soft voice. Team worked! Late Dr MK Chandrasekhara in his tenure, encouraged my penchant for plants and allowed me freedom to choose and get them to gift in lieu of bouquets. Dr Nisarga tells me he now has a robust fruiting Malay apple in his backyard as a consequence. Vice presidential service under Dr Nisarga was privileged, we got the best branch award.

And finally, I recall my first task, without a post to my name, as a worker in IAP. It was decades ago. Dr Janaki Vishwanath my friend, asked me if I could make the poster area of the National neonatology conference held at the IISC, inviting, so conference attendees would be doubly rewarded? I visited a florist, rounded up unusual flowers of Bangalore, set in arrangements, with labels, and placed ten of them between poster boards. They 'got the eyeballs' .!

It's been a long but fond innings with IAP BPS, as I sign off with my old Editors signature

Jai IAP
Jai Hind
Shubha Badami
Past president
IAP BPS2013

25 YEARS AGO

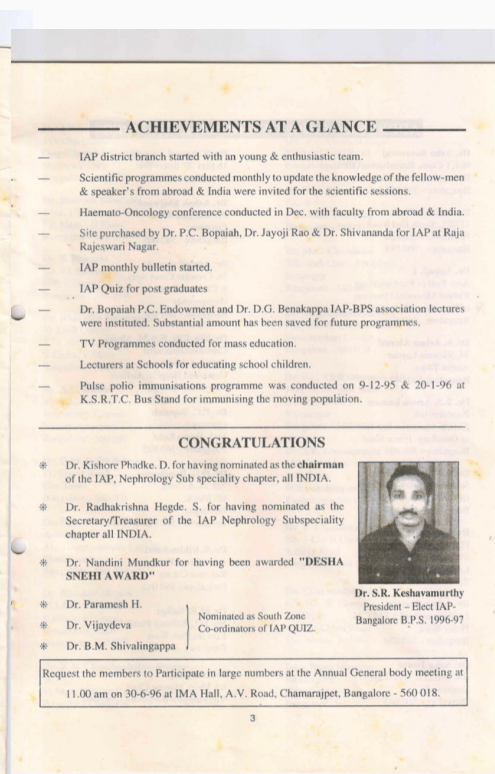
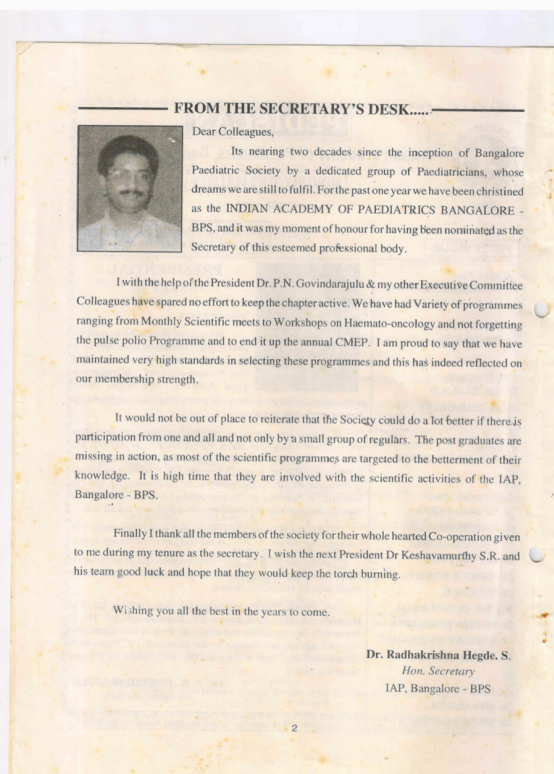
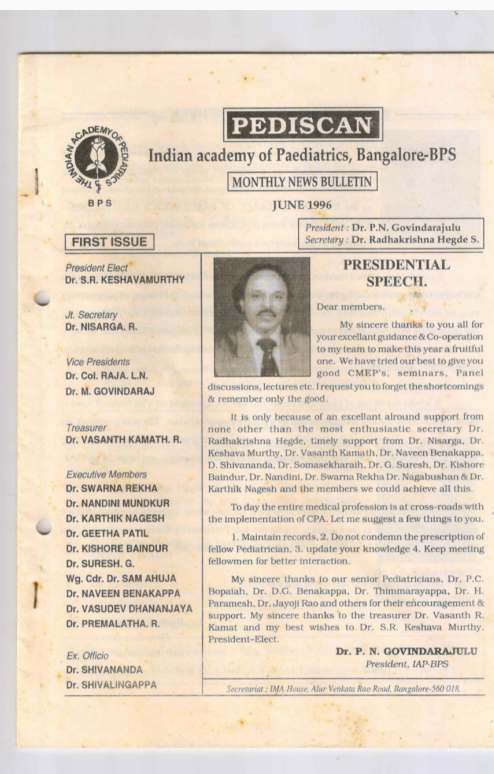
PEDISCAN -----

25th Anniversary A proud milestone in the annals of IAP- Bangalore, BPS. We are celebrating the Silver Jubilee year of PEDISCAN!

It was in the year 1996 that the inaugural issue of Pediscan was released under the Presidentship of **Dr P.N. Govindrajulu** & the then secretary **Dr RadhaKrishna Hegde**. Since then, the legacy has continued & Pediscan has made great strides in both content & form.

We, on the present editorial board, would like to salute all our predecessor editorial teams, for their efforts to keep the flag of PEDISCAN flying high. Praying & Wishing that we achieve greater heights in the coming years by seeking your blessings & wishes.

Here are glimpses of the First issue that was released in 1996.



What can we do to prevent Kernicterus?

Dr Swarna Rekha Bhat

Former Professor, Paediatrics and neonatology
St John's Medical College, Bangalore

Introduction and definitions The simplistic definition of kernicterus used to be a clinic-pathologic syndrome associated with high levels of unconjugated hyperbilirubinemia. Currently it is known as kernicterus spectrum which includes acute bilirubin encephalopathy and chronic bilirubin encephalopathy. The term BIND - Bilirubin induced neurologic dysfunction is also used to define the acute bilirubin encephalopathy and has a scoring system which determines whether it is mild, moderate or severe encephalopathy. (1)

Irrespective of the terminologies it is important for us clinicians to understand that this is an eminently preventable disease and we must put in all efforts to prevent this condition which will have lifelong effect on the neonate. Yes, it is less common than birth asphyxia, prematurity and neonatal sepsis and causes less mortality than the big 3 of neonatology but deserves equal attention and importance!

Epidemiology As per NNPD the incidence of hyperbilirubinemia (>15 mg/dL) was 33 per 1000 live births and exchange transfusion was required in 6 neonates per 1000 live births. According to a study from North India out of 60 neonates who had bilirubin levels > 20mg/dL in the first 72 hours or > 25mg/dL any time after this; 44 % developed acute bilirubin encephalopathy (ABE) and among the neonates with ABE who were discharged 81 % developed chronic bilirubin encephalopathy . (2) Though the general opinion is that encephalopathy develops when bilirubin levels are > 20 to 25 mg/dL in term neonates ,a study by Murkhi et al has shown that encephalopathy can occur at lower bilirubin levels : In this study 14 % of neonates with total bilirubin <25 mg /dl, 18% of neonates with total bilirubin 25-29 mg/dl and 43% of neonates with total bilirubin >30 mg/dl had kernicterus. (3) The risk of BIND is higher in low and middle income countries due to various medical (associated factors- sepsis, asphyxia)and social factors (late referral, long journey).

Neonates at risk for developing neonatal hyperbilirubinemia

- Ethnicity : Asian Blood group incompatibility (Rh and ABO)
- G6PD deficiency
- Gestational diabetes Maternal
- Maternal medications : diazepam, oxytocin
- Cephalohematoma, bruising, instrumental delivery
- Breast feeding , particularly if feeding is inappropriate or inadequate Significant weight loss in post-natal period (>10 %)
- Previous sibling with neonatal hyperbilirubinemia.
- Male gender
- Preterm neonates

Management at level 2 and level 3 centres

All neonates at risk of developing hyperbilirubinemia should be monitored for development of jaundice clinically or preferably with transcutaneous bilirubinometer. Decisions for discharge should be based on the hour specific bilirubin chart.(fig 1) If values are in the high risk zone the neonate should not be discharged as there is a high risk of developing hyperbilirubinemia. Low risk zone the risk is minimal and therefore the neonate can be discharged and followed up as per routine. Intermediate zone requires earlier follow up, particularly if there are risk factors. This chart should only be used for decision regarding discharge and when to follow up. Phototherapy and exchange transfusion decisions should be based on AAP charts or NICE guidelines. IVIG should be used when needed for neonates with hyperbilirubinemia due to Rh or ABO incompatibility. Weight checking and proper assessment of breast feeding by a lactation nurse or a trained personnel should be done on a daily basis to ensure that feeding is adequate. Parents should be educated about the seriousness of jaundice if it crosses critical levels. All preterm and LBW neonates who develop jaundice or are at risk for developing jaundice should have serum bilirubin levels periodically and age and gestation appropriate charts should be used for decision taking. Breast feeding should not be discontinued during phototherapy and IV fluids are not needed unless neonates have dehydration. Phototherapy units should be checked periodically to see if the flux being delivered is appropriate.

management at level 1 or 2 centres with low patient load (Primary health centres, standalone maternity hospitals and smaller hospitals)

It is even more important to follow the steps mentioned above and in the box in these situations.

Practical problems and solutions

Non availability of adequate personnel

- Have a written protocol for identification of neonates at risk of developing neonatal jaundice and managing such neonates and train all personnel periodically. Conduct simulation based drills periodically to assess knowledge and skills in initiating phototherapy and guidelines for referral.
- Have new-born case records with risk factors printed so that they can be easily identified by a nursing personnel or a MBBS trained doctor.
- Ensure pre discharge bilirubin for all high risk neonates and decide accordingly regarding discharge, follow up and need for bilirubin assessment.
- Have charts of hour specific bilirubin, phototherapy and exchange transfusion charts available on display
- If computers or smart phones are available “Bili tools” are available to help with decision taking based on age, gestation and bilirubin levels.

Non availability of equipment

- It is worth buying a good quality LED or blue light phototherapy and ensure that the company periodically checks the flux and replaces bulbs accordingly.
- Assessment of bilirubin may be difficult as transcutaneous bilirubinometer is expensive and it takes time to get serum bilirubin values. Options for these are increasing clinical skills, investing in a transcutaneous or point of care (capillary) bilirubinometer or hiring these if possible.

“Patients insist on discharge”

It is very essential to assess high risk neonates and use pre discharge bilirubin screening. If either not possible – the parents have to be told to come for a check daily till jaundice has settled or till risk of jaundice is not there.

Postnatal wards of busy tertiary hospitals

This is one of the areas where this simple problem of neonatal hyperbilirubinemia is often mis managed as there is overcrowding and under staffing. In this situation again a written protocol that is implemented and periodically audited should be sufficient to prevent bilirubin encephalopathy. Use of trans cutaneous bilirubinometer, capillary bilirubinometer to avoid unnecessary delay in reporting, training nursing personnel, use of universal predischarge bilirubin screening and adequate lactation support and daily weight check would help reduce incidence of severe hyperbilirubinemia.

At community level

ASHA workers should be trained in identifying high risk neonates and refer. They could even be trained to assess transcutaneous bilirubin and take decisions accordingly.

Referral and transport

Most neonates with neonatal hyperbilirubinemia can be managed at any hospital if efficient phototherapy machines are available. Reasons for transfer would be

- Neonatal hyperbilirubinemia due to Rh or ABO incompatibility
- Need for exchange transfusion
- Rising bilirubin levels despite treatment being provided
- Refer before bilirubin levels reach severe (25mg/dL) or dangerous (>30mg/dL) levels

Need for phototherapy during transport should be considered if travel distances are long.

Mother or mother's blood sample should be sent when neonate is being referred.

Training and education

Training and education of all health care personnel to follow these measures, making appropriate equipment available and maintaining a kernicterus registry would help. Each institution should have a policy that they will prevent severe dangerous hyperbilirubinemia and if it does occur a root cause analysis will be done, and remedial measures will be taken. Infact a state wise quality initiative should be set in place to prevent kernicterus.

Conclusion

It is possible to reduce incidence of severe hyperbilirubinemia and bilirubin encephalopathy/ kernicterus with simple measures implemented universally across health care institutions and increasing awareness among health care professionals and public.

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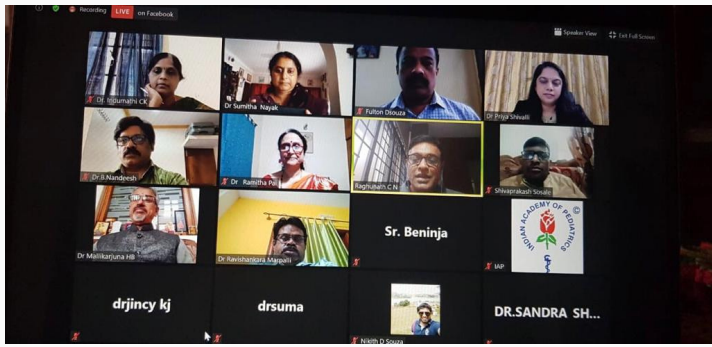
CONGRATULATIONS !!!!

IAP-BANGALORE BPS TEAM 2020, for being awarded **1st Prize** in Best Branch Award category for year 2020, ably led by
Dr Ravishankara M ,
Dr Sumitha Nayak and
Dr Shivprakash Sosale.

FIAP AWARDEES:

- DR PREMA R
- DR SONIA KANITKAR
- DR KARTHIK NAGESH
- DR NIRANJANA MAHANTSHETTI
- DR RAJKUMAR MAROL

ACADEMIC AND SOCIAL MEDIA ACTIVITIES



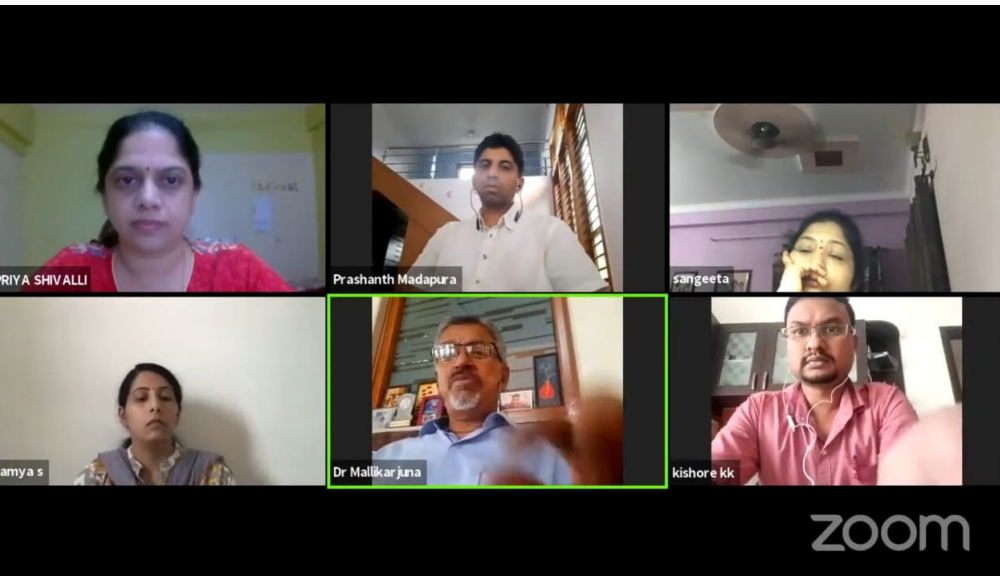
of Dr. NIRMALA KESAREE

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 Institutes (DTC's),
 150 Middle Level Trainers-MLT's
 IYCF & IAP members of Karnataka

Date:- 8th January 2021, Friday
 Time:- 10 am to 2 pm
 Organised by IYCF-K, IAP-KSB Karnataka
 IAP-BPS 2021, Bangalore
 Patron - Prof. C.R BANAPURMATH
 Director SIHFW- Dr B.S PATIL
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Link will be shared shortly.....!!!



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