



# DPT

## DEVELOPMENTAL PEDIATRICS TODAY



September 2018

### Monthly e-Newsletter of IAP Chapter of Neurodevelopmental Pediatrics

#### IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS

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## Inside

|                                   |    |
|-----------------------------------|----|
| Editorial .....                   | 2  |
| Charipersons Message .....        | 3  |
| Snippets from the Secretary.....  | 4  |
| AGM Notice.....                   | 5  |
| Journal Scan .....                | 6  |
| Totsguide online portal .....     | 8  |
| Grasp Reflex .....                | 11 |
| Birth defects surveillance .....  | 13 |
| Workshop.....                     | 15 |
| Events across the globe .....     | 16 |
| Events across the country .....   | 18 |
| Papers and posters presented..... | 21 |
| 4th Patscon & 15th NCDP 2018..... | 22 |



## Editorial

### Back to Basics

Surveillance is something that I hold close to my heart. After all as a WHO officer concerned with disease surveillance it gives me my daily bread. But nothing would enthuse me more than the opportunity to use that science to mitigate suffering of children with birth defects . Dr Jeesson's article on surveillance for birth defects proposes just that. Already under the RBSK programme a screening system exists for point of delivery screening for birth defects . In states like Kerala that includes metabolic screening as well as congenital heart disease by using pulsoximetry.



Having interacted with people involved in the programme I can say that the result is mixed. The programme requires strong commitment from people in the labour room and consistent efforts at referral and remediation . I'm tired of saying this but unless secured referral pathways are available and protocols are in place there is simply no point in screening. Hope Dr Jeesson's wise words will carry the weight it richly deserves .

Speaking of protocols ,Dr Nandini Mundkars passion,the app based child development screen and parental intervention set is an evidence based protocol on screening and intervention . Hope the tech savvy generation takes to it as duck to water .

Screen...diagnose....intervene...continues to be our challenge . While you are at it the most basic of neonatal neurological examination ..Moros reflex also finds its place in this issue.

Happy reading.

**Dr. Santhosh Rajagopal**

Chief Editor



## Chairperson's Message

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Dear esteemed members of IAP Neurodevelopment Chapter and all other IAPians,

This Sept is special in that we have just tided over a devastating natural calamity in Kerala and I am proud that all our members have contributed enormously in rescue and relief operations. The differently abled children have been traumatised in ways we are yet to understand and it is difficult to assess the long term effects of this tragedy on their lives. We need to work on specific rehabilitation protocols for children with special needs and formulate national guidelines for the same.

The 2nd exam of IAP Neurodevelopmental and Behavioural Pediatrics was successfully conducted at CMC Hospital, Vellore and we now have 14 more qualified developmental pediatricians in our midst. Congratulations to them all and a million thanks to the examiners, CMC Vellore for hosting the event and to the coordinator Dr Chhaya.

Our National Conference is on 28th, 29th and 30th tthis month at Hyderabad along with PATSCON - detailed program and registration forms are attached in this DPT. We extend our wholehearted support and wishes to Dr Himabindhu Singh and the entire organising committee for the smooth conduct if the conference. Please attend in large numbers.

Our members have been invited to various international events and that makes our chapter proud.

See you all at Hyderabad.

Warm wishes,

**Dr. Jeason C. Unni**

Chairperson

IAP Chapter of Neurodevelopmental Pediatrics



## Snippets from the Secretary

Respected Seniors and Dear friends,

**“Great minds discuss ideas ;  
Average minds discuss events ;  
Small minds discuss people”...**

*Eleanor Roosevelt*



It is time to meet up and discuss ideas with like minded people from the fraternity!!

The 15th NCDP at Hyderabad is a chance to do just that. It is being held with the State Conference of Telangana -PATSCON. We from the Neuro developmental Pediatrics Chapter extend a very warm welcome to each of you on behalf of the local organising committee to Park Hyatt , Banjara Hills Hyderabad on the 29th& 30th September 2018 for the PATSCONNCDP 2018 .

The final scientific program is attached in this issue. We await your presence and look forward to meeting you all at the same. The workshop on National consensus guidelines on Neuro developmental Disorders will be conducted on 28th September . Please register for the same also if not already attended for active interaction based on the NDD guidelines.

On Behalf of the Chairperson Dr Jeeson Unni , senior advisors Dr SS Kamath, Dr Abraham Paul , Past Chairperson and Secretary Dr Samir Dalwai and Dr Chhaya Prasad I invite you all to the General body meeting GBM to take place at the National Conference at Hyderabad. The GBM will be convened under the chairmanship of Dr Jeeson Unni. Brief agenda for your perusal is attached. Looking forward to your attendance and active participation.

Best wishes to Dr Himabindu Singh and the entire Organising team at Hyderabad!

Looking forward to meeting you all there..

**“Coming together is a beginning...  
Keeping together is progress... Working together is SUCCESS!”**

*- Henry Ford*

Happy Learning..

**Dr Leena Srivastava**

National Secretary

IAP Chapter of Neurodevelopmental Pediatrics

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## IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS

### Annual General Body Meeting

GBM at the 15th National Conference of Neuro Developmental Pediatrics (NCDP) along with state conference of Telangana - PATSCONNCDP 2018 Hyderabad

**Venue : Hall 2 - Park Hyatt, Banjara hills, Hyderabad**

**Date : 29.9.2018**

**Time : 5:50 pm- 6:20 pm**

1. Total number of Life and associate members
2. E-newsletter DPT monthly-review
3. TOT on National consensus guidelines as part of IAP Presidential Action Plan execution details with status report, funding with further workshops plan.
4. IAP fellowship in Developmental and Behavioral Pediatrics-current status, number of accredited institutes, inspections, examination format with suggested changes, results etc.
5. Treasurer's report
6. Chapter meetings and activities at various National/International level.
7. Matters related to website-maintenance etc.
8. Role of Office bearers/Executive members; state coordinators etc
9. Congratulations to the local organising team of the National conference 2018 at Hyderabad.
10. Venue for next National conference
11. From last Annual GBM and minutes-pending work
12. Any other matter arising out of the discussion with permission of the chair.

**These issues will be discussed in the ex comm meeting and decisions will be announced at the GBM and ratified if no objections from attendees.**



## Journal Scan

Dr K.S.Multani

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**1. Effects of a Care Coordination Intervention with Children with Neurodevelopmental Disabilities and Their Families; McAllister, Jeanne W., Ent al.; Journal of Developmental & Behavioral Pediatrics: July/August 2018 - Volume 39 - Issue 6 - p 471-480**

Care coordination is integral to improving the health of children and families. Using a Shared Plan of Care (SPoC) as a care coordination activity is recommended, but related research on outcomes in pediatric populations with complex medical conditions is scarce.

**Objective:** This study explores family outcomes associated with implementation of a care coordination/SPoC intervention with a population of children with neurodevelopmental disabilities and their families.

**Methods:** Children aged 2 to 10 years with a neurodevelopmental disability (autism spectrum disorder: 60.9%; global developmental delay/intellectual disability: 39.1%) were referred by pediatric subspecialty programs for care coordination. The intervention included previsit assessments, planned care visits, SPoC development, and 6-month care coordination. A single-group, repeated-measures design was used to evaluate model feasibility and effects on care coordination access, SPoC use, family/clinician goals and needs met, family-professional partnerships, family empowerment, and worry. Times 1 and 2 survey data were collected from a total of 70 families.

**Results:** Analysis shows significant improvement in care coordination access, SPoC use, goals achieved, needs met, family empowerment, and reduced worry. There was no significant change in family-professional partnerships and reported SPoC use.

**Conclusion:** Findings provide preliminary evidence that a care coordination model using a family-centered, goal-oriented SPoC is a feasible and effective approach with a cohort of children with complex neurodevelopmental disorders and is associated with improved family outcomes. Replication studies are warranted and should include a control group, prolonged time period, additional validated outcome measures, and measurement of costs and professional impact.



## Journal Scan

### 2. Reliability of anthropometric measurements in children with special needs.

Jane Hardy, et al.; Arch Dis Child 2018;103:757-762.

Objective: To determine the reliability of anthropometric and body composition measurements in children with special needs.

Design: Observational study.

Setting: Specialist support schools (primary and secondary) in Manchester, UK.

Participants: 53 children with moderate-to-severe learning disability; 30 non-standers (14 boys) and 23 standers (15 boys). Mean ages were 11 years (range 3-20) for non-standers and 12.4 years (range 8-19) for standers.

Measures: Anthropometric measures included: height/ length, segmental measures, weight, skinfolds, body circumferences and body composition estimated from bioelectrical impedance analysis (BIA). These were measured twice, 2-4 weeks apart.

Main outcome measures: Reliability was assessed using the technical error of measurement (TEM). Results. The TEM for height and supine length was 0.55 cm for standers and 2.47 cm for non-standers, respectively. For non-standers, the TEMs for knee height and tibial length were 0.81 and 1.57 cm, respectively. The TEM for weight was 0.55 kg for standers and 0.75 kg for non-standers. For skinfold thickness, the TEM was smaller for non-standers than standers. The TEM for mid-upper arm circumference for standers and non-standers was 0.91 and 0.82 cm, respectively. The TEM for BIA in standers and non-standers was 34.7 and 54.1  $\Omega$ , respectively. Some measurements, including waist circumferences, were difficult to obtain reliably.

Conclusions: Anthropometric and body composition measurements were feasible to obtain in children with special needs. However, the reliability of these measures differs between non-standers and standers and should be considered when choosing appropriate measures.

**Dr K S Multani**

8472087960



## Totsguide online portal : A Comprehensive Guide for Early Childhood Development

Totsguide online portal A Comprehensive Guide for Early Childhood Development.

Totsguide.com is an online self-educating portal for parents, doctors and guardians that would enable comprehensive childhood development for every child, developed by the team of professionals from CCDD, Bangalore. CCDD has been rendering services in early child care for over two decades. The best practices activities were taken to share it with parents and Professionals to improve early child care. Totsguide aims to cater the vision of helping every child with disabilities to attain a better future and was awarded The Best Start-up Award - CAHO TECH 2016.

Programs offered :

### i) Track and Act :

It is a developmental screening tool for children aged 0 - 5 years in four specific domains (Physical, language, cognitive and socio emotional). This is a validated tool modelled on Ages and stages questionnaire (western standardised screening tool). It is standardised against Indian diagnostic development assessment scale- DASII.

Track and Act screening tool is now available as Free App too in Google play store and the android version supports three languages - English, Hindi and Kannada.

The easy to use tool can be used by not only by paediatric professionals but also by parents easily as the answers to be filled are yes or no type. It can be done from 3 months of age and every 3 to 4

### TOTS GUIDE Developmental Screening Kit



To Buy Totsguide "Track & Act" Developmental screening kit call Mrs. Saraswathi @ 080-23342035, 080-41205034, 09900936693

**TOTSGUIDE**.com  
Brain child of Dr. Nandini Mundkur

Use "Track & Act", Online Development screening tool to screen your children at office practice

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Free | Easy to use | Store Records | Share  
iOS and Android app coming soon

Multilanguage options- Hindi, Kannada and Tamil coming soon





months child can be screened by parents to track their development. The app can also store previous data and thus providing the trajectory of the child development to paediatric professionals.

The results comes within seconds so that a suitable action for referring to developmental paediatrician for further diagnostic assessment or monitoring of the development can be taken by the physician and discussed with the parents.

The screening can be done by parents at home with home available toys. If needed totsguide also provides a kit to help in screening, which can be purchased at a very nominal cost by parents/ paediatricians.

## ii) SCoPE (Social, Communication & Play Education)

SCoPE (Social Communication Play and Emotional) is an online program that provides development appropriate activities for children with developmental delays including ASD. This is modelled based on ESDM curriculum, appropriately modified according to Indian children needs & cultural characteristics. This program is highly beneficial to families in regions where there is lack of trained professionals, but at the same time, can well complement any centre-based intervention programs.

It is a complete Parent Intervention Program which helps parents in assessing the child's development in social, play, and communication skills. After assessing the child's current level, it provides an individualized tailor made set of developmentally sequenced activities in 4 domains (understanding language, expressive language, play skills & social skills) for that specific child to be delivered by parents to promote these skills. Each activity is in detail explained to parents with different examples, so that it is easy for parents to assist the child to develop skills in his/her own pace.

Research on parenting styles of children with developmental disorders has shown that parents

of these children tend to show more of directive behaviours in their interaction due to lack of reciprocal attention from their children. So parents need to be trained to unlearn certain directive behaviours in their repertoire & to consistently display responsive interactive techniques during their child interactions which will improve child's engagement, social initiations, and language acquisition. So we have developed EDITT (Educating Parents on Interactive Teaching Techniques), a novel hands-on training program to empower parents with interactive teaching techniques that can be implemented throughout the day in their natural home routines & can also be used while teaching SCoPE based activities.

In addition parents can review & assess their child's progress with our team of experts every 3-6 months either through direct appointment or through online appointments available in tots guide portal. We have about 200 children across the world using SCoPE as home based programs.

<http://www.totsguide.com/scope-program>

## iii) Totsguide app

<https://www.youtube.com/watch?v=0YjnZZ4qG18>

This is a unique app designed for first time parents to provide one new brain nurturing & bonding activity daily from the first week of birth till the baby is 2 years old. This program was based on "My wonder weeks" by Me and Xaviera Plas.

We have 720 activities which a parent can do & enjoy with their child. Activities are simple and involve not only the mother but also father, family, child caretaker to interact with the new born and bring out a happy & intelligent baby.

The activities are designed to promote the development of the baby's skill development

in an orderly manner. Activities in the first few months are to build attachment bonding and support changing sensations as the child settles into this



world. The next phase is development of patterns, activities are designed to enhance this phase. The next set of

activities promotes building relationships, categorisation, followed by sequencing to cognitive building.

In between the normal development of baby, the app also advises on fussy periods.. These Fussy period are the time when a child is restless when he or she is about to acquire a new skill. There could be phases of fussiness which could really panic first time parents

During this time the child should be handled calmly and allowed time to settle down.

#### iv) Online Courses for Doctors & Therapists:

We have a complete online training program for doctors and child care professionals in the area of early childhood development. This is the foundation course on developmental paediatrics for aspiring primary care practitioners. The course provides in-depth understanding of early diagnosis and basis of early intervention.

#### Rationale behind the course:

With increased survival of extreme premature and low birth babies, there is also an increase in the number of children with developmental disorders. All practitioners realize that they are encountering more and more children in their practice with developmental disorders which they are not equipped to deal with them

Early diagnosis and early intervention is the key

to best outcome in children with developmental disorders because the critical period of development is usually within the first 5 years of life for most streams of development. Paediatricians are the first professionals approached by parents and therefore paediatricians have to be well versed in normal development and the differences in development in all streams. Paediatricians should be aware of early presenting features and principles of assessment, diagnostic evaluation and early intervention.

In many places, trained therapists may not be available to help the practitioners in early intervention. In such scenarios the practicing paediatrician should be able to guide the family with a home program for developmental therapy and other simple behavioural modifications, to be able to educate the family and guide them with various problems.

The course equips paediatric professionals to achieve all these skills. The course completion is depended on the professional's time. At the end of completing the modules they can come for hands on training at CCDD for a week or more as they desire. So far over 75 doctors have undergone this training.

Besides these the website [www.totsguide.com](http://www.totsguide.com) has over 100 blogs by professions on various aspects of early child care for parents.

Totsguide was created to make sure no child is left behind and to lead the child to the bright path. This is the first portal on early childhood offering a comprehensive program to help parents and professionals improve early child care.

Contact: [contact@totsguide.com](mailto:contact@totsguide.com)  
[Ccddnandini@gmail.com](mailto:Ccddnandini@gmail.com)



## Grasp Reflex

### Elicitation

To elicit the palmar grasp reflex, the examiner inserts his or her index finger into the palm of the infant from the ulnar side and applies light pressure to the palm, with the infant lying on a flat surface in the symmetrical supine position while awake. Tactile without pressure and nociceptive stimulation of the palm are both inadequate. The response of the reflex comprises flexion of all fingers around the examiner's finger, which is composed of two phases: finger closure and clinging. The latter occurs as a reaction to the proprioceptive stimulation of the tendons of the finger muscles due to slight traction subsequent to the application of pressure to the palm.

The plantar grasp reflex is elicited by pressing a thumb against the sole of a foot just behind the toes. The state and position are the same as for eliciting the palmar grasp reflex. The response of the reflex consists of flexion and adduction of all the toes. Another method for eliciting the plantar grasp reflex is placing the infant in a supported standing position, stimulating the soles of the feet by floor contact, looking for plantar flexion of the toes. Determination of whether the response of the hands and feet is a true reflex or a voluntary grasping movement can be difficult in older infants. An examiner should test several times with an appropriate interval between the tests, carefully observing the infant's behavior.

### Clinical Significance

### Responses in Normal Infants

The palmar grasp reflex and the plantar grasp reflex can be elicited in all infants during the first 3 and 6 months of age, respectively. Thereafter they decrease along with the intensity of the responses, usually disappearing by 6 and 12 months of age, respectively. The disappearance of the reflexes is significantly related to the commencement of the voluntary use of hands or standing.



## In contras

The primitive reflex responses of preterm infants compared with those of term infants, according to corrected age as to expected birth date - No difference in the changes in responses including that of the plantar grasp reflex between term and preterm infant groups throughout the first year of life.

## Abnormal Responses

In general, a primitive reflex in infants is regarded as abnormal when it is absent or diminished during the period it should be actively elicitable or lasts beyond the normal age limit for its disappearance. An exaggerated reflex can also be abnormal. The response of the palmar grasp reflex may be less intense during the first and second days after birth. The absence of this reflex usually reflects peripheral (i.e., root, plexus, or nerve) or spinal cord involvement, especially regarding asymmetrical responses. However, lesions of the upper brain structures also can affect the response. The response may be increased and retained longer, compared with that in normal infants, on the affected side(s) of the upper limb(s) in infants with spastic hemiplegia or quadriplegia, whereas it is very weak in infants with cerebral palsy (CP) of the athetoid type.

The clinical value of the plantar grasp reflex in infants has been investigated in more detail than that of the palmar grasp reflex. The plantar grasp reflex may persist up to 20 yrs age in Down's syndrome. The reflex reactivity in infants with CP of the spastic type is significantly reduced; infants with CP of the athetoid type exhibited an extremely strong retention of the reflex; infants with MR also exhibited a tendency for prolonged retention of the reflex; the reflex profile in infants with CP of the athetoid type with spasticity, or of the ataxic type, is not different from that in normal control subjects.

A reduced or negative plantar grasp reflex during early infancy can be a sensitive indicator of later development of spasticity.

There is a high concordance between the side of an abnormal plantar grasp reflex during infancy and the laterality of the disturbance of motor function in children with CP of the spastic type. The side affected, or more affected, in motor function was in accordance with the side that exhibited a diminished or more diminished response in most subjects with spastic hemiplegia, diplegia, and quadriplegia.



## Birth defects surveillance

Dr Jeeson C Unni

Editor-in-chief, IAP Drug Formulary

Sr Assc Consultant, Dept of Child Health and Adolescent Medicine, Aster Medcity, Kochi

India lacks a national birth defects surveillance. Data on the prevalence of congenital anomalies are available mostly from hospital-based, cross-sectional studies.

First cohort study from India establishes that the congenital anomaly rates were high, affecting one in forty four births in the cohort. The prevalence of congenital anomalies was identical to the stillbirth prevalence in the cohort, highlighting their public health importance

The Global Burden of Disease study 2013 identified congenital anomalies among the top ten causes of mortality in children less than five years of age

It's a leading cause of death in children in this age group in the high-income countries, they are not considered to be significant public health problems in low- and middle-income countries

(LMIC) due to - 1. low in prevalence -. their proportionate contribution to mortality is significantly lower as compared to other perinatal causes, infections (sepsis, pneumonia and diarrhea) and malnutrition, and 2. their management is resource intensive - lack of public health services for birth defects, including congenital anomalies

This is changing esp in urban areas - infections are on the decrease and management of intrapartum related complications, premature births, low birth weight babies, and infections are contributing to an increasing contribution of congenital anomalies to neonatal deaths

### INDIA

Indian people are living in the midst of risk factors for birth defects, e.g., universality of marriage, high fertility, large number of unplanned pregnancies, poor coverage of antenatal care, poor maternal nutritional status, high consanguineous marriages rate, and high carrier rate for hemoglobinopathies.

Birth defects can be defined as structural or functional abnormalities, including metabolic disorders, which are present from birth.

India - In 2010, congenital anomalies were estimated to be the fifth largest cause of neonatal deaths in India after preterm births (34.7%), intrapartum complications (19.6%), pneumonia (16.3%) and neonatal sepsis (15%) - contribute to 60 699 neonatal deaths in India in 2013, which accounted for the highest global burden of neonatal mortality due to congenital anomalies

Congenital heart defects (CHDs) were the most prevalent anomalies (65.86 per 10 000 births), with atrial septal defects (43.91 per 10 000 births) and ventricular septal defects (27.44 per 10 000 births) being the most commonly presenting heart defects. Two-thirds of the CHDs were detected post birth at mean age  $4.5 \pm 2$  days.

Malformations of the musculoskeletal system (49.40 per 10 000 births) were primarily contributed by talipes equinovarus (32.93 per 10 000 births).

Urinary system anomalies (38.42 per 10 000 births) included congenital hydronephrosis (16.47 per 10 000 births) and polycystic kidney disease (10.98 per 10 000 births).

The most frequent nervous system anomalies were neural tube defects (NTDs, 27.44 per 10 000 births).

Anomalies of the digestive system, genital organs and respiratory system were less frequently encountered (21.95 per 10 000 births, 16.47 per 10 000 births and 10.98 per 10 000 births respectively).

Minor anomaly affected live births; of which the most frequently presenting anomalies were unilateral undescended testicle and single umbilical artery

### Health service implications

Anomalies identified as typically requiring surgery included severe CHDs, orofacial cleft, diaphragmatic



hernia, duodenal atresia and tracheoesophageal fistula.

Pediatric surgery services for congenital anomalies have to be included as a component of newborn care

Utilization of sonography services for the detection of fetal anomalies - one fifth of severely affected births were avoided through prenatal detection and subsequent pregnancy termination.

Although termination of pregnancy due to detection of a fetal anomaly is legally permissible in India, there are currently no government guidelines on the incorporation of sonography as a routine investigation in antenatal care.

Furthermore, a need for counseling prior to and after the ultrasound examination was observed, as women underwent this investigation with little preparation in case of detection of an anomaly. It was noted that upon detection of an anomaly, and when there was no option to terminate the pregnancy, women were left to carry the pregnancy to term, with no psychosocial support to help them address or prepare for the impending birth.

Need for guidelines for the use of sonography during pregnancy, including appropriate pre- and post-test counseling, accompanied by widespread dissemination of knowledge among women about the utility of sonography in the detection of congenital anomalies.

Need for a linkage between pediatric services and care for children with special needs. There are currently no rehabilitative services for children with disabilities, and as such there is no opportunity for referral of children with special needs for rehabilitative care

Psychosocial support service for parents was urgently required.

2 important lessons for birth defects surveillance in India 1. limitations of using hospital based registry data for estimation of prevalence rates; 2. need to implement standard case definitions - congenital anomalies may be contributing to two key public health indicators - low birth weight and prematurity

## Birth defect policy

Establish surveillance for birth defects. Surveillance data will permit the description of the epidemiology and public health impact of congenital anomalies, and anticipate the health care needs for birth defects in urban and rural India

Census of infants with special needs, in order to provide support for childhood disability and children with chronic medical needs

Thoroughly examine infants prior to discharge, and implementation of low cost measures such as pulse oximetry to ensure that most babies with CHD are detected at the earliest

Package of services for birth defects needs to be established. An integral part of the service package would be the provision of counseling and psychosocial support, in order to address the distress associated with an affected birth, and to limit out-of-pocket expenditure on multiple medical advices.

Rashtriya Bal Swasthya Karyakram, the national early screening and diagnosis programme for children in India, has in place some services to address a few of these concerns

## Prevention of congenital anomalies

Low education levels, widespread health promotion messages emphasizing preconception care to prevent birth defects should be a key step in any birth defects prevention programme.

Upto 40% of NTDs can be prevented with preconception folic acid supplementation - the intervention would reduce about 30,000 affected births in India, considering complete compliance.

Population based strategies such as iodization, double fortification of salt, flour fortification with multivitamins, folic acid supplementation, periconceptional care, carrier screening and prenatal screening are some of proven strategies for control of birth defects.



## Guidelines workshop



Academy of pediatrics, Nagpur organised CENTRAL IAP workshop on National consensus guidelines on NEURO DEVELOPMENTAL DISORDERS on 2nd September 2018 at VANANATI Nagpur.

Total 52 delegates attended the workshop.

Thanks to Chief guest Dr Jayant Joshi sir, Dr Abhijeet Ambhaikar sir as MMC observer, Dr Uday Bodhankar sir, Dr Yashwant Patil sir, Dr Jayant Upadhye sir, Dr Mohib Haq sir.

Special thanks to all faculties -Dr Leena Deshpande madam, Dr Zafar Meenai sir, Dr Anjali Bangalore madam, Dr Urmila Dahake madam & Dr Dinesh Saroj & to Local coordinator Dr Pankaj Agrawal sir.



## Events across the Globe



Dr Samir Dalwai had the honour to participate and speak in two sessions at the Asia Pacific Pediatric Congress at Bali, Indonesia. One was a debate on Normal Child Development - rethinking the definition. The other was Updates on autism diagnosis and management. Both the sessions were very well attended and appreciated.





## Events across the Globe



Dr Chhaya Prasad and Dr Rajeev Seth attended the “Countries in Transition Forum” at Prague Congress Centre. UN Mental Health Framework being discussed.

The highlight was the Child Mental Health in UN Perspective with special focus on Rights of Children with Mental Disabilities.



One of the work stations where our own members Dr Shabina Ahmed, Dr Chhaya Prasad and Dr Seth came together with others from across the world to plan strategies on School Based Interventions for Prevention of Abuse in Academic Institutions.



## Events across the country



Dr Abraham Paul was invited as faculty at Hyderabad Gandhi Medical college to speak on Newborn hearing screening.



Dr Leena Srivastava as part of the experts supporting CP patients in Mission Cerebral Palsy - 'From Disability to Ability' CSR of Finolex industries and partnered by Mukul Madhav foundation since 2015 in rural Maharashtra. Their outreach program with rehabilitation services in Satara, Wai, Panchgani, Chiplun and Ratnagiri have been ongoing.

A CME was organised in the same movement on 2nd Sept. 2018 for awareness about early pick up, intervention and recent advances in CP. More than 150 doctors and physiotherapists in the area attended. There was also a consulting camp for the patients following up at the rehabilitation services.



## Events across the country



As part of outreach services for awareness in early childhood stimulation and early intervention in neurodevelopmental disorders twin a programs were organised in Sangamner in rural Maharashtra on 19th August. The speaker was Dr Leena Srivastava, Developmental Pediatrician, Pune.

An open public forum for parents on 'two way success mantra for child development- stimulation and encouragement' was well attended and invited a lot of interaction.

The second session on early pick up and intervention was for Pediatricians, general practitioners and primary school teachers and educators.



Session on Importance of Breastfeeding with Anganwadi workers in Haryana was conducted by Dr Chhaya Prasad. She also sensitized them on the POCSO Act, and Gender Equality and how to train Pre School children on safe and unsafe touch along with Positive Parenting Skills.



## Events across the country



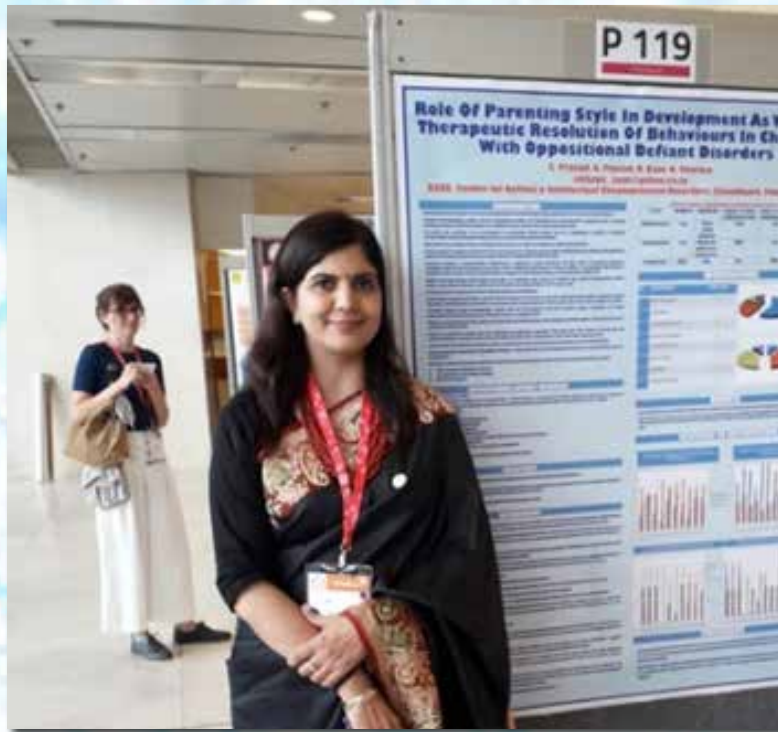
Dr. Chhaya Prasad and her team at ASHA, organized a Seminar for Heads of Institutions at Panchkula Haryana with the help of local municipal corporation. Theme- Early Identification of Learning Disability and ADHD in pre school children. 128 School Principals from Govt Schools participated. Wing Commander Dr Kawaljit Multani joined then and contributed to this program. The feedback was very encouraging as the Principals said that the program was an eye opener for many and that they needed such an insight. Classroom Interventions for children with ADHD and importance of Nutrition was also explained.



Dr Lata Bhat conducted a lecture and Interactive session with playschool teachers on how to handle a hyperactive child.



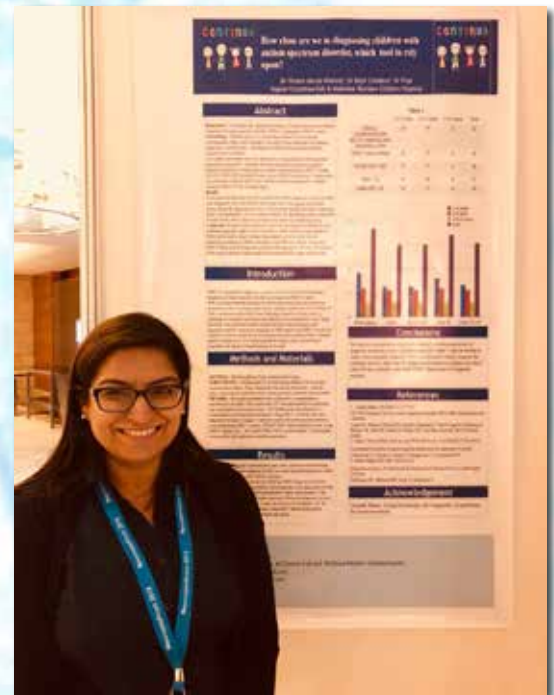
## Papers and Posters presented



Dr Chhaya Prasad presented a Poster at the Prague Congress



Dr Shambhavi Seth presented a poster at recent Neuro Pedicon 2018 in Delhi NCR.



Dr Himani Khanna and her team at Continua kids presented 3 posters at the Neuropedicon 2018 at Delhi.



Pediatric Academy of Telangana State PATS &  
IAP Chapter of Neuro Developmental Pediatrics

## 4<sup>th</sup> PATSCON & 15<sup>th</sup> NCDP 2018

**Venue : Park Hyatt, Banjara Hills, Hyderabad**  
**28<sup>th</sup> September 2018: Pre-Conference Workshops & PATS CME Programme**  
**\* 6 - Credit Hours by TSMC**

**29<sup>th</sup> & 30<sup>th</sup> September, 2018**

Dear IAPIAN

Greetings from Hyderabad

The Pediatric Academy of Telangana State (PATS) is hosting the 15<sup>th</sup> Annual National Conference of Neuro Developmental Pediatrics (NCDP) along with its 4<sup>th</sup> Annual State Conference as "4<sup>th</sup> PATSCON-15<sup>th</sup> NCDP 2018" on 29<sup>th</sup> and 30<sup>th</sup> September 2018 at Hyderabad along with Workshops & PATS CME on 28<sup>th</sup> September 2018.

The Organising team takes pleasure in inviting you for this academic feast in the most happening city of pearls with the blend of History and Modernism. The Science of conference will be as exciting as our hospitality of Hyderabad.

Warm welcome awaits you.

Thanking you

### Organizing Committee

**Dr. U. S. Jagdish Chandra**

**Dr. Sanjay Srirampur**

Organising Chairmen

**Dr. N. Ravi Kumar**

**Dr. G. Ranganath**

Co-Organising Chair Persons

**Dr. Himabindu Singh**

Chief Organising Secretary - President PATS

**Dr. P. Sudershan Reddy**

Chair Scientific Committee

**Dr. S. Srikrishna**

Organising Secretary - Secretary PATS

**Dr. Laxman Garlapati**

Treasurer

### IAP sub Chapter of Neuro Developmental Pediatrics

**Advisors Dr. S. S. Kamath**

**Dr. Abraham Paul**

**Dr. Samir Dalwai**

**Dr. Jeeson Unni**

Chairperson

**Dr. Leena Srivastava**

Hon' Secretary

**Dr. M. Narayanan**

Treasurer

### CIAP 2018

**Dr Santosh Soans,**

President

**Dr Diganth Shastri,**

President Elect

**Dr Remesh kumar,**

Hon. Secretary General

### CIAP EB Members

**Dr A. Yashwantha Rao**

**Dr Ramesh Dampuri .B**

### CHIEF PATRONS

Dr. P. S. Murthy

Dr. Y. C. Mathur

Dr. Alladi Venkatesh

Dr. E. Ravinder Reddy



## 4<sup>th</sup> PATSCON & 15<sup>th</sup> NCDP 2018

### PATS Pre-Conference CME ON 28TH SEPT 2018 @ Hotel Mint Ebony, Banjara Hills @ 5 PM

5:00pm – 6:30 - Chairpersons – Dr. Tilak Chandrapal, Dr. C. Suresh Kumar, Dr. Y. V. Rao

Endocrinology - Dr. Neelaveni, iDr. Rakesh Sahay, Dr. Sri Devi, Dr. Vijay shekar Reddy

Mixed Bag 6:30 - 8:50 pm Chairpersons – Dr. J. V. Rao, Dr. Durga Prasad,

Dr. Ram Narsimha Reddy

6:30 - 6:45 pm - Antibiotics in Diarrhea – Dr. Gopal Singh,

6:45 - 7:00 pm - Nebulisation Pneumonias – Dr. Amith

7:00 - 7:15pm - Cough Medication in Asthma – Dr. Narahari,

7:15 - 7:30pm - Vitamin D in Tuberculosis – Dr. George J.

7:30 - 7:45pm - Levaricetam in Childhood seizures – Dr. Soren, Mahabubnagar

7:45 - 8:00pm - Updates in Haemophilia - Dr. N. Ravi Kumar

8:00 - 8:15pm - Selection of Inotropes in Pediatric Shock - Dr. Sudhakar

8:15 - 8:30pm - Commercial foods as complementary foods- Dr. Surender

8:30 - 8:45 pm - Smart Nutrition – Dr. Narayan Reddy **Followed by Presidential Dinner**

### Conference

#### Day -1

29-09-2018

#### TOPIC

8:00 - 9:00 am

REGISTRATION

8:30 - 9:00 am

Executive Committee Meeting (NDP Chapter)

9:00 - 9:20 am

ID and Neuro behaviour outcome

9:20 - 9:40 am

Adolescent Neurobiology-Impact of Lifeskills Programme.

9.40 -10.00 am

Developmental Intervention in Neurological Impairments

10.00 - 10:20 am

Imaging in Neurodevelopmental Disorders

10:20 - 10:40 am

What is new in Neuro developmental therapeutics

10:40 - 11:00 am

Principles of Normal development and Clinical Application, Plasticity and Neuro rehabilitation

11:00 - 11:15 am

Quick assessment of an infant, child and adolescent with CP

11:15 - 11:30 am

Role of the multi-disciplinary team in developmental disorders

11:30 - 11:50 am

Aging in Autism

11:50 - 12:10 pm

ADHD : Diagnosis

12:10 - 12:35 pm

Intellectual Disability: Diagnosis & Beyond

12:35 - 12:55 pm

Hearing Impairments: Diagnosis and management

1:00 - 2:00 pm

#### Lunch

2:00 - 3:00 pm

Inauguration

3:00 - 3:40 pm

Key note Address :

Prompt and Proactive approach for Neuro developmental support in the first 1000 days - Action Plan of Government

3:40 - 4:20 pm

Role of Govt. and NGO's in Promoting and protecting Child's Development

4:20 - 4:50 pm

PATS Guest Lecture on Infectious diseases - Emerging and Reemerging threats in ID scenario

4:40 - 5.05 pm

Emotional and behavioral problems in children

5:05 - 5:50 pm

Y. R. Reddy Gold Medal Paper Presentation

5:50 pm

**General Body Meeting**

**(PATS - HALL 1) & (NDP - HALL 2)**

**Banquet & Dinner**



## 4<sup>th</sup> PATSCON & 15<sup>th</sup> NCDP 2018

### Day 2 : 30-09-2018

### TOPIC

|                  |   |
|------------------|---|
| 8:00 - 9:00 am   | Free Paper Presentations  |
| 9:00 - 9:15 am   | Recognition of Specific Learning Disabilities                   |
| 9:15 - 9:30 am   | Support and Advocacy – Role of parents and teachers             |
| 9:30 - 9:45 am   | Need for Pediatric Developmental clinics                        |
| 9:45 -10:30 am   | Panel Discussion - Vaccine Dialogue                             |
| 10:30 - 11:10 am | Dr. Y. R. Reddy Oration - Scholastic Backwardness a way forward |
| 11:10 - 12:40 pm | Symposium on Case Scenarios                                     |
| 11:10 - 11:25 am | Developmental Delay in a preterm baby                           |
| 11:25 - 11:40 am | LBW baby with poor feeding and microcephaly                     |
| 11:40 -11:55 am  | Child with acute flaccid paralysis                              |
| 11:55 -12:10 pm  | A child with cyclical vomiting                                  |
| 12:10 -12:25 pm  | Birth Asphyxia with seizures in follow-up                       |
| 12:25 -12:40 pm  | I.E.M Baby  |
| 12:40 - 12:50 pm | Neuroprotective Strategies in Prevention of NDD                 |
| 12:50 - 1:10 pm  | Role of Omega 3 in Neurodevelopment - A Debate                  |
| 1:10 - 1:25 pm   | Medications in Motor and Tone Abnormalities                     |
| 1:25 - 2.00 pm   | <b>LUNCH</b>  |
| 2:00 - 2.15 pm   | How to pick up NDD in busy OPD                                  |
| 2.15 - 2:30 pm   | Neurodevelopmental care in NICU                                 |
| 2:30 - 2:45 pm   | Performance Challenges in an Adolescent girl                    |
| 3:30 - 3:45 pm   | Y. C. MATHUR IAP QUIZ   |
| 3:45 - 4:00 pm   | Effect of Fast food in Child Health                             |
| 4:00 - 5:00 pm   | Chandrashekar Choudhary Gold Medal                              |

### SPEAKERS

|                        |                       |                        |                        |
|------------------------|-----------------------|------------------------|------------------------|
| Dr. Samir Dalwai       | Dr. Arun Singh        | Dr. Jagdish Chandra    | Dr. Amit               |
| Dr. C.P. Bansal        | Dr. Nandini Mundkur   | Dr. J V Rao            | Dr. Santhosh Rajagopal |
| Dr. Ajay Khara         | Dr. S.S. Kamath       | Dr. Tilak Chandrapal   | Dr. Hanumantha Rao     |
| Dr. Santosh Soans      | Dr. Lata Bhatt        | Dr. C. Suresh Kumar    | Dr. Ajay Mohan         |
| Dr. Remesh Kumar       | Dr. Vijay Kumar       | Dr. Narsimha Rao       | Dr. Ravi Shankar       |
| Dr. Kawaljit Singh     | Dr. Gowri Reddy       | Dr. Pavan Kumar        | Dr. P. Suresh Kumar    |
| Dr. Lokesh Lingappa    | Dr. Madoori Srinivas  | Dr. Yadaiah            | Dr. Rakesh Sahay       |
| Dr. Jeeson Unni        | Dr. Surapaneni Suresh | Dr. Anitha. B          | Dr. Preeti Nagraj      |
| Dr. P. Sudershan Reddy | Dr. Sanjay Srirampur  | Dr. Hrishikesh         | Dr. Gopal Singh        |
| Dr. Usha Naik          | Dr. Indra Shekar Rao  | Dr. Radha Krishna      | Dr. George J.          |
| Dr. Chhaya Prasad      | Dr. Murki Srinivas    | Dr. Beena Koshy        | Dr. Soren              |
| Dr. Shambhavi Seth     | Dr. Surendranath      | Dr. Sitaraman          | Dr. N. Ravi Kumar      |
| Dr. A.K. Kundra        | Dr. Sri krishna       | Dr. Anjan Bhattacharya | Dr. Surender           |
| Dr. Leena Deshpande    | Dr. Narahari          | Dr. Mahadeviah         | Dr. Narayan Reddy      |
| Dr. Leena Srivastava   | Dr. Himabindu Singh   | Dr. Jyoti Bhatia       | Dr. Nitesh Agarwal     |
| Dr. Abraham Paul       | Dr. Dinesh Chirla     | Dr. Zafar Meenai       | Dr. Sudhakar           |
| Dr. Shabina Ahmed      | Dr. Pamela            | Dr. Somasundaram       | Dr. Nirmala            |
| Dr. Diganth Shastry    | Dr. Laxman Kumar      | Dr. Chitra Sankar      |                        |





## 4<sup>th</sup> PATSCON & 15<sup>th</sup> NCDP 2018

### REGISTRATION DETAILS :

Name: .....

Mob: ..... Email ID: .....

Postal Address: .....  
.....

City: ..... State: ..... Pin: .....

Ph. Off ..... Fax .....

Details of Accompanying Persons

| S.No | Full Name | Relationship | Age | Gender |
|------|-----------|--------------|-----|--------|
|------|-----------|--------------|-----|--------|

**\* Call for Abstracts / Paper & Poster Presentation extended upto 20th September 2018 upto 5pm**

**Email your above Registration Details to [patsconncdp@gmail.com](mailto:patsconncdp@gmail.com)**

| Delegate                                    | upto 15 <sup>th</sup> SEPT<br>for Conference & CME only                   | SPOT<br>for Conference & CME only |
|---|---|-----------------------------------|
| IAP Member                                  | 3500/-  | 4500/-                            |
| Non IAP Member                              | 4000/-  | 5000/-                            |
| PG<br>(Certificate by<br>HOD Mandatory)     | 3000/-  | 3500/-                            |
| Workshop<br>28 <sup>th</sup> September 2018 | 1000/-<br>(First come first serve will be announced in the next broucher) | 1000/-                            |

**PATS Members for Registration, please contact: 8919679778**

Bank Details :

**PATSCON NCDP 2018**

Oriental Bank of Commerce,  
Himayathnagar, Hyderabad  
Account No -1111012000079  
IFSC Code - ORBC0101111  
Payable at Hyderabad.

**Hyderabad - 500027**

E-mail : [patsconncdp2018@gmail.com](mailto:patsconncdp2018@gmail.com)  
To Register - Website : [laptelangana.org](http://laptelangana.org)  
Contact: +91 8019197393  
+91 8919679778

Ratnam digital - 917777 3489