



DPT

DEVELOPMENTAL PEDIATRICS TODAY



July 2021

Monthly e-Newsletter of IAP Chapter of Neurodevelopmental Pediatrics

IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS

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Editorial

Respected Seniors and dear friends,

Greetings from the Neurodevelopmental Chapter of IAP!

First July being doctor's day, on behalf of the chapter, I wish to extend special wishes to all of you for doing excellent work in your respective areas. We strongly condemn the assault on doctors by patients and their relatives.



Another important milestone by IAP - "Early Childhood development" module is ready and the TOT was conducted in July.

The world is still fighting with the Pandemic. According to WHO the highly transmissible Delta variant would soon become the dominant strain worldwide. Further WHO states that with more Covid -19 cases in first 5 months of 2021 than in the whole of 2020, the world is still in the acute phase of the pandemic despite high vaccination rates in some countries protecting populations from severe disease and death.

A study done at Brown university by Professor Sean Deoni showed shockingly low scores on cognitive development in kids born during the pandemic as compared to pre-pandemic era, in children aged 3 months to 3 years age. Thus, I would again emphasize our role as developmental Pediatricians to counsel all parents regarding early stimulation, regulation of screen time and the need to spend time with their kids.

Although we all are eagerly waiting for vaccines for children, the Covid -19 working group is of the opinion that in the first phase only children above 12 years with comorbidities should be vaccinated.

Another important day for us , 22 July is international Fragile X syndrome day. It is the most common hereditary cause of intellectual disability in boys affecting 1 in 4000 boys. Females often have milder symptoms than males.

Kindly give your inputs regarding any changes you wish to bring in our e Journal.

Stay safe.

Long live IAP!

Dr. Lata Bhat

Chief Editor



Chairperson's Message

Dear Readers,

Greetings from midsummer and warm wishes for a Happy Doctors Day. We should all pat on our backs for taking up this profession and I am sure we all started our learning curve of medical science with the philosophy “ Your well being is My well being”. The best mantra for a spiritual achievement.



Advances in medical research is unravelling the mysteries of our being, it is opening our eyes wider and wider to say it is more than it meets the eye. The importance of the eye and features around it as a window of early detection of diseases and health complications beyond vision is well highlighted.

So is the importance of understanding early visual processing in neurodevelopmental disorders is becoming necessary to prevent cognitive and learning problems, especially with the emergence of Autism and Learning disabilities. Our visual system is capable of doing complex visual tasks, pre attentive visual processing as early as 3 months of age. Interestingly the neuronal firing is more in response to external stimulus than to light intensity ,of course light is required for additional information and prevention of binocular vision integration problems.This itself explains the need for early stimulation in high neural plasticity period .

The digital media in our daily lives is beginning to be a growing concern in our learning process. This issue is highlighting issues keeping alignment with the month for Vision Awareness.

Our DPT is covering issues that has been raised globally every month and it is my earnest request to all to kindly contribute and have active participation in developing it in to an e-Journal.

Happy reading.

Dr. Shabina Ahmed MD, FIAP

National Chairperson

Neurodevelopmental Pediatrics Chapter of IAP



Snippets from the Secretary

“By education I mean an all-round drawing out of the best in the child and man; body, mind and spirit.” - Mahatma Gandhi



Respected Seniors and dear friends,

Seasons greetings from the IAP Chapter of Neurodevelopmental Pediatrics.

As we enter in the second half of 2021, the whole country is anxiously looking at the covid numbers which are hovering just below fifty thousand with most cases being reported from south India. July month saw the country slowly wriggle out of the clutches of the ‘Second Covid wave’ with reduction in numbers of case, improved availability of covid medicines, oxygen and vaccines. The wave has tested the resilience of both doctors and patients and families at all levels and though the numbers of covid cases has been coming down for some time now, we need not let down our guard lest we want to suffer again like second wave. The country lost a large number of doctors and paramedical personal in the last month to Covid and as we mourn, we should also continue to prepare for the future and the possible third Covid wave.

The most heartening news is the likely availability of vaccination for children in few months which we all have been anxiously waiting for. Some states have decided to open schools for children of senior classes which will bring a mixed bag of fillings in all involved parties. With improved vaccination coverage and covid behaviour by people, the outlook for rest of the year looks promising.

July month has many important health days - Healthy vision month, Fragile X awareness day to name a few. We have some interesting articles in the journal scan section related to yoga and its effects. It is the need of the hour for all of us to look into the mental health related issues with a family centre approach for all i.e. patients, caregivers and care providers.

“We worry about what a child will become tomorrow, yet we forget that he is someone today.” - Stacia Tauscher

Happy reading and stay healthy and stay safe.

Jai Hind! Jai IAP !

Wg Cdr (Dr) KS Multani

National Secretary

IAP Chapter of Neurodevelopmental Paediatrics



Eye Examination in Infants and Children by Paediatricians

Dr. Lata Bhat

Director, Palak CDC

Sr. Consultant, Developmental Paediatrician

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Early detection and prompt treatment of ocular disorders in children is important to avoid life-long visual impairment. Examination of the eyes should be performed beginning in the new born period and at all well-child visits. New-borns should be examined for ocular structural abnormalities, such as cataract, corneal opacity, and ptosis, which are known to result in visual problems. Vision assessment beginning at birth has been endorsed by the American Academy of Paediatrics, the American Association for Paediatric Ophthalmology and Strabismus, and the American Academy of Ophthalmology. All children who are found to have an ocular abnormality or who fail vision assessment should be referred to a paediatric ophthalmologist or an eye care specialist appropriately trained to treat paediatric patients.

Why eye checks are important

The sooner any eye problem is found, the sooner the child will be able to get any treatment and support needed. Children may not realise they have a vision problem so, without routine tests, there's a risk a problem may not be spotted. This may affect their development and education.

Timing of examination and screening

Children should have an assessment for eye

problems in the new born period and then at all subsequent health check visits .

Following Infants and children who are at high risk of eye problems should be referred for specialized eye examination by an ophthalmologist experienced in treating children.

- Children who are born very premature
- Family histories of congenital cataracts, retinoblastoma, and metabolic or genetic diseases
- Those who have significant developmental delay or neurologic difficulties
- Those with systemic disease associated with eye abnormalities.

Because children do not complain of visual difficulties, visual acuity measurement is an important part of complete paediatric eye care and should begin at 3 years of age. To achieve the most accurate testing possible, the most sophisticated test that the child is capable of performing should be used . Any child unable to be tested after 2 attempts or in whom an abnormality is suspected or detected should be referred for an initial eye evaluation by an ophthalmologist experienced in the care of children.

Timing of Eye check-up :

Within 72 hours of birth

Child's eyes should be checked for any obvious



physical problems as part of the new born physical examination.

Between 6 and 8 weeks old

This is a follow-up physical examination to check for any obvious problems that were not picked up soon after birth.

Around 1 year, or between 2 and 2-and-a-half years

Ask parents if they have any concerns about child's eyesight as part of child's health and development reviews.

Around 4 or 5 years old : Child's eyes may be examined soon after they start school. This is called vision screening and it checks for reduced vision in one or both eyes. The aim is to detect any problems early so that treatment can be given if needed.

PROCEDURES FOR EYE EVALUATION

Eye evaluation in the physician's office should include the following:

Birth to 3 Years of Age

1. Ocular history
2. Vision assessment
3. External inspection of the eyes and lids
4. Ocular motility assessment
5. Pupil examination
6. Red reflex examination

3 Years and Older

1 through 6, plus:

7. Age-appropriate visual acuity measurement
8. Attempt at ophthalmoscopy

Ocular History

Parents' observations are valuable. Questions that can be asked include:

- Does your child seem to see well?
- Does your child hold objects close to his or her face when trying to focus?
- Do your child's eyes appear straight or do

they seem to cross or drift or seem lazy?

- Do your child's eyes appear unusual?
- Do your child's eyelids droop or does 1 eyelid tend to close?
- Have your child's eye(s) ever been injured? the eyes not pointing in the same direction
- complaining of headaches or eye strain
- problems reading - for example, they may need to hold books close to their face and they may lose their place regularly
- problems with hand-eye co-ordination - for example, they may struggle to play ball games
- being unusually clumsy
- regularly rubbing their eyes
- sitting too close to the TV

Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored.

1. Vision Assessment

Age 0 to 3 Years

Vision assessment in children younger than 3 years or any nonverbal child is accomplished by evaluating the child's ability to fix and follow objects. A standard assessment strategy is to determine whether each eye can fixate on an object, maintain fixation, and then follow the object into various gaze positions. Failure to perform these manoeuvres indicates significant visual impairment. The assessment should be performed binocularly and then monocularly. If poor fix and following is noted binocularly after 3 months of age, a significant bilateral eye or brain abnormality is suspected, and referral for more formal vision assessment is advisable. It is important to ensure that the child is awake and alert, because disinterest or poor cooperation can mimic a poor vision response.

Visual Acuity Measurement or Vision Screening (Older Than 3 Years)

Various tests are available to the paediatrician



for measuring visual acuity in older children. Different picture tests, such as LH symbols (LEA symbols) and Allen cards, can be used for children 2 to 4 years of age. Tests for children older than 4 years include wall charts containing Snellen letters, Snellen numbers, the tumbling E test, and the HOTV test (a letter- matching test involving these 4 letters). Visual acuity testing is recommended for all children starting at 3 years of age. In the event that the child is unable to cooperate for vision testing, a second attempt should be made 4 to 6 months later. For children 4 years and older, the second attempt should be made in 1 month. Children who cannot be tested after repeated attempts should be referred to an ophthalmologist experienced in the care of children for an eye evaluation.

Photo screening

Using this technique, a photograph is produced by a calibrated camera under prescribed lighting conditions, which shows a red reflex in both pupils. A trained observer can identify ocular abnormalities by recognizing characteristic changes in the photographed pupillary reflex. When performed properly, the technique is fast, efficient, reproducible, and highly reliable. Photo screening is not a substitute for accurate visual acuity measurement but can provide significant information about the presence of sight-threatening conditions, such as strabismus, refractive errors, media opacities (cataract), and retinal abnormalities (retinoblastoma). Photo screening techniques are still evolving.

External Examination (Lids/Orbit/Cornea/Iris)

External examination of the eye consists of a pen-light evaluation of the lids, conjunctiva, sclera, cornea, and iris. Persistent discharge or tearing may be attributable to ocular infection, allergy, or glaucoma, but the most common cause is lacrimal duct obstruction. It often manifests during the first 3 months as persistent purulent discharge out of

1 or both eyes. Topical or oral antibiotics should be given, and lacrimal sac massage should be attempted. Because these same findings are often seen in congenital glaucoma, failure to promptly resolve after treatment or the presence of cloudy or asymmetrically enlarged corneas should prompt ophthalmologic referral for additional evaluation.

Unilateral ptosis can cause amblyopia by inducing astigmatism, even if the pupil is not occluded. Patients with this condition require ophthalmic evaluation. Bilateral ptosis may be associated with significant neurologic disease, such as myasthenia. Additional investigation by a child neurologist and paediatric ophthalmologist is warranted.

Ocular Motility

The assessment of ocular alignment in the pre-school and early school-aged child is of considerable importance. The development of strabismus in children may occur at any age and can represent serious orbital, intraocular, or intracranial disease. The corneal reflex test, cross cover test, and random dot E stereo test are useful in differentiating true strabismus from pseudo strabismus. The most common cause of pseudo strabismus is prominent epicanthal lid folds that cover the medial portion of the sclera on both eyes, giving the impression of crossed eyes (esotropia). Detection of an eye muscle imbalance or inability to differentiate strabismus from pseudo strabismus.

Pupils

The pupils should be equal, round, and reactive to light in both eyes. Slow or poorly reactive pupils may indicate significant retinal or optic nerve dysfunction. Asymmetry of pupil size, with 1 pupil larger than the other, can be attributable to a sympathetic disorder (Horner syndrome) or a parasympathetic abnormality (third nerve palsy, Adie syndrome). Small differences can occur normally and should be noted in the chart for reference in case of subsequent



head injury. Larger pupil asymmetries ($\square 1$ mm) can be attributable to serious neurologic disorders and need additional investigation.

Red Reflex Test (Monocular and Binocular, Bruckner Test)

The red reflex test can be used to detect opacities in the visual axis, such as a cataract or corneal abnormality, and abnormalities of the back of the eye, such as retinoblastoma or retinal detachment. When both eyes are viewed simultaneously, potentially amblyogenic conditions, such as asymmetric refractive errors and strabismus, also can be identified. The test should be performed in a darkened room (to maximize pupil dilation). The direct ophthalmoscope is focused on each pupil individually approximately 12 to 18 inches away from the eye, and then both eyes are viewed simultaneously at approximately 3 feet away. The red reflex seen in each eye individually should be bright reddish-yellow (or light gray in darkly pigmented, brown-eyed patients) and identical in both eyes. Dark spots in the red reflex, a blunted dull red reflex, lack of a red reflex, or presence of a white reflex are all indications for referral. After assessing each eye separately, the eyes are viewed together with the child focusing on the ophthalmoscope light (Bruckner test). As before, any asymmetry in colour, brightness, or size is an indication for referral, because asymmetry may indicate an amblyogenic condition.

Ophthalmoscopy

Ophthalmoscopy may be possible in very cooperative 3- to 4-year-olds who are willing to fixate on a toy while the ophthalmoscope is used to evaluate the optic nerve and retinal vasculature in the posterior pole of the eye.

Colour vision deficiency test

Colour vision deficiency tests, also known as colour blindness tests, are usually carried out in older children if a problem is suspected.

One of the tests used to check for colour blindness is the Ishihara test. This involves looking at images made up of dots in 2 different colours. If a child's colour vision is normal, they'll be able to recognise a letter or number within the image. A child who can't tell the difference between 2 colours won't be able to see the number or letter, which means they may have a colour vision problem.

Causes of eye problems in babies and children

There are a number of different eye problems that can be detected during eye tests, including:

- childhood cataracts – that are present from birth
- lazy eye (amblyopia) – where the vision in one eye does not develop properly
- squint (strabismus) – where the eyes look in different directions
- short-sightedness (myopia) – where distant objects appear blurred, while close objects can be seen clearly
- long-sightedness (hyperopia) – where you can see distant objects clearly but nearby objects are out of focus
- astigmatism – where the cornea is not perfectly curved
- colour vision deficiency (colour blindness) – difficulty seeing colours or distinguishing between different colours; this is more common in boys than girls.

Conclusion : All Pediatricians should remember to do eye check – up during regular health checks of infants and children in their OPD in order to pick up ocular disorders at right time and refer appropriately.

References

1. NHS, UK guidelines on eye check up in children
2. American academy of Paediatrics guidelines on eye checkup in children



Journal Scan

Artificial intelligence–assisted phenotype discovery of fragile X syndrome in a population-based sample

Arezoo Movaghar, et al.

Genetics in Medicine (2021) 23:1273–1280.

Abstract

PURPOSE: Fragile X syndrome (FXS), the most prevalent inherited cause of intellectual disability, remains underdiagnosed in the general population. Clinical studies have shown that individuals with FXS have a complex health profile leading to unique clinical needs. However, the full impact of this X-linked disorder on the health of affected individuals is unclear and the prevalence of co-occurring conditions is unknown.

METHODS: We mined the longitudinal electronic health records from more than one million individuals to investigate the health characteristics of patients who have been clinically diagnosed with FXS. Additionally, using machine-learning approaches, we created predictive models to identify individuals with FXS in the general population.

RESULTS: Our discovery-oriented approach identified the associations of FXS with a wide range of medical conditions including circulatory, endocrine, digestive, and genitourinary, in addition to mental and neurological disorders. We successfully created predictive models to identify cases five years prior to clinical diagnosis of FXS without relying on any genetic or familial data.

CONCLUSION: Although FXS is often thought of primarily as a neurological disorder, it is in fact a multisystem syndrome involving many co-occurring conditions, some primary and some secondary, and they are associated with a considerable burden on patients and their families.



Journal Scan

Cerebral visual impairment-related vision problems in primary school children: a cross-sectional survey

Cathy Williams, et al.

Developmental Medicine & Child Neurology 2021, 63: 683–689

AIM To estimate how many children in mainstream primary schools have cerebral visual impairment (CVI)-related vision problems and to investigate whether some indicators might be useful as red flags, if they were associated with increased risk for these problems. **METHOD** We conducted a survey of primary school children aged 5 to 11 years, using whether they were getting extra educational help and/or teacher- and parent-reported behaviour questionnaires to identify children at risk for CVI. These and a random 5% sample were assessed for CVI-related vision problems. We compared the usefulness of potential red flags using likelihood ratios.

RESULTS We received questionnaires on 2298 mainstream-educated children and examined 248 children (152 [61%] males, 96 females [39%]; mean age 8y 1mo, SD 20mo, range 5y 6mo–11y 8mo). We identified 78 out of 248 children (31.5% of those examined, 3.4% of the total sample), who had at least one CVI-related vision problem. The majority (88%) were identified by one or more red flag but none were strongly predictive. Fewer than one in five children with any CVI-related vision problem had reduced visual acuity.

INTERPRETATION Children with CVI-related vision problems were more prevalent than has been appreciated. Assessment of at-risk children may be useful so that opportunities to improve outcomes for children with CVI-related vision problems are not missed.



Journal Scan

Efficacy of vision-based treatments for children and teens with amblyopia: A systematic review and meta-analysis of randomised controlled trials

Taylor Adrian Brin , et al.

BMJ Open Ophthalm 2021;6:e000657. doi:10.1136/bmjophth-2020-000657

ABSTRACT

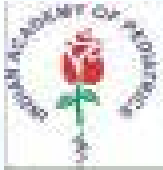
Objective: To identify differences in efficacy between vision-based treatments for improving visual acuity (VA) of the amblyopic eye in persons aged 4–17 years old. Data sources Ovid Embase, PubMed (Medline), the Cochrane Library, Vision Cite and Scopus were systematically searched from 1975 to 17 June 2020. **Methods** Two independent reviewers screened search results for randomised controlled trials of vision-based amblyopia treatments that specified change in amblyopic eye VA (logMAR) as the primary outcome measure. Quality was assessed via risk of bias and GRADE (Grading of Recommendations, Assessment, Development, and Evaluations).

Results: Of the 3346 studies identified, 36 were included in a narrative synthesis. A random effects meta-analysis (five studies) compared the efficacy of binocular treatments versus patching: mean difference -0.03 logMAR; 95% CI 0.01 to 0.04 ($p < 0.001$), favouring patching. An exploratory study-level regression (18 studies) showed no statistically significant differences between vision-based treatments and a reference group of 2–5 hours of patching. Age, sample size and pre-randomisation optical treatment were not statistically significantly associated with changes in amblyopic eye acuity. A network meta-analysis (26 studies) comparing vision-based treatments to patching 2–5 hours found one statistically significant comparison, namely, the favouring of a combination of two treatment arms comparing combination and binocular treatments, against patching 2–5 hours: standard mean difference: 2.63; 95% CI 1.18 to 4.09. However, this result was an indirect comparison calculated from a single study. A linear regression analysis (17 studies) found a significant relationship between adherence and effect size, but the model did not completely fit the data: regression coefficient 0.022; 95% CI 0.004 to 0.040 ($p = 0.02$).

Conclusion: We found no clinically relevant differences in treatment efficacy between the treatments included in this review. Adherence to the prescribed hours of treatment varied considerably and may have had an effect on treatment success.



Month in pics



IAP CHAPTER OF NEURODEVELOPMENTAL PEDIATRICS

Fellowship Academic Activity

EARLY CHILDHOOD DEVELOPMENT- THE WAY AHEAD



SPEAKER : DR PIYUSH GUPTA
NATIONAL PRESIDENT,
CENTRAL IAP 2021

ON JULY 6, 2021 FROM 2-3 PM



Month in pics

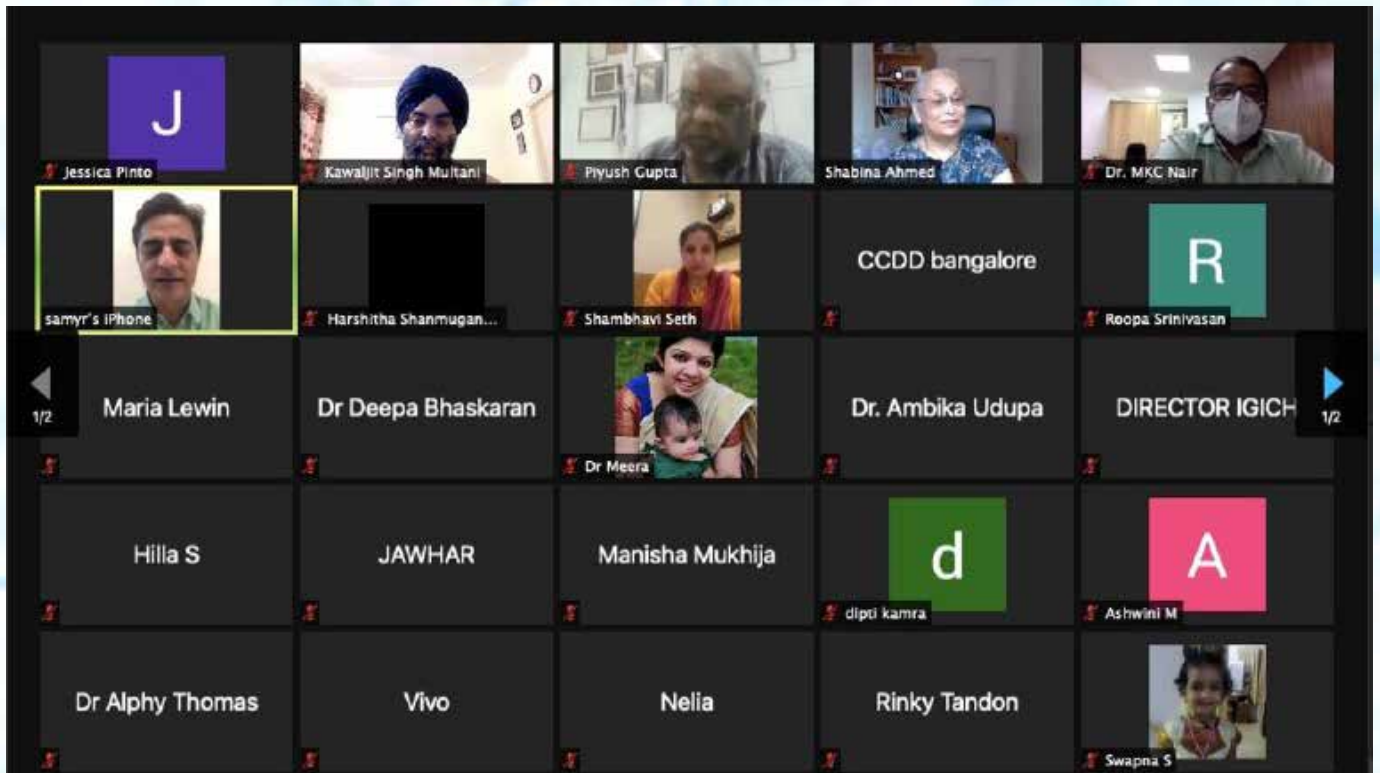


Nurturing Care-Early Childhood Development: The New Paradigm and Role of IAP

Piyush Gupta,
President IAP 2021

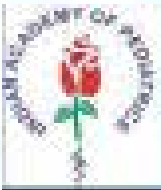


Month in pics





Month in pics



IAP CHAPTER OF NEURODEVELOPMENTAL PEDIATRICS

Fellowship Academic Activity

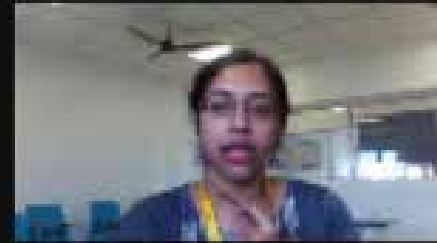
“ SYNDROMIC
ASSOCIATIONS WITH AUTISM
SPECTRUM DISORDER ”

*Seminar presented by IAP fellows of
Neurodevelopmental pediatrics*

ON JULY 20, 2021 FROM 2-3 PM



Month in pics



ASSESSES
DEVELOPMENTAL
FUNCTIONING OF
AGES 1 MONTH TO
42 MONTHS



USER
QUALIFICATION:
TRAINED
PROFESSIONAL

PPRIMARY PURPOSE/ APPLICATIONS :

- IDENTIFY DEV DELAY
- INFO FOR INTERVENTION PLANNING
- ASSESS PROGRESS
- RESEARCH TOOL

LIMITATIONS:

- SEVERELY IMPAIRED CHILD -NO NORM REFERENCED SCORES
- PLACE CHILD AT DISADVANTAGE AND UNDERESTIMATE CHILD'S ABILITY



Month in pics

Pediatric Academy of Telangana State



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PRESIDENT
IAP 2021



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IAP 2022



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IAP 2020



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WEDNESDAY, 14TH JULY | 8:00PM-10:00PM



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DR K PAVAN KUMAR
SECRETARY, PATS
CONVENOR



PROF. A. YASHOWANTH RAO
CIAP, EB MEMBER-21,
SCIENTIFIC COORDINATOR

TOPIC

"Development Follow up of at risk infants till 18 months & Helping babies to thrive - What pediatrician should know?"



DR NAVEEN JAIN
MODERATOR



DR NALINIKANTA PANIGRAHY
EXPERT



DR RAVI SWAMY
EXPERT



DR LEENA SRIVASTAVA
EXPERT



DR PRATHIMA GIRI
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CHAIRPERSON



DR M K C NAIR
CHAIRPERSON

Go to diapindia.org/eventcalendar-regional or [click here](#)



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DR P V SRINIVASA RAO
TREASURER,
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DR K KARAHARI
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DR L NARAYAN REDDY
MEMBER,
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If you are not able to view on the above link, please [click here](#)



Month in pics



EuroSchool
Discover Yourself

IMPORTANCE OF FREE PLAY AND STIMULATION



FB LIVE

On EuroSchool FB Page



Friday, 16th July 2021



02:00 P.M. - 03:00 P.M.



Dr. Nandini Mundkar

An initiative by:



**CENTRE OF
WELL-BEING**



Month in pics

Zoom Meeting interface showing a slide titled "Genetic Categories of ASD".

Genetic Syndromes (Clinically defined) 4-5%	Recurrent CNVs (Chromosomal microarray) 10%	Single gene mutations Including SNVs (whole exome sequencing) 8-20%
<ul style="list-style-type: none"> Down syndrome/trisomy 21 Fragile X syndrome (<i>FMR1</i>) Angelman syndrome (<i>UBE3A</i>) Rett syndrome (<i>MECP2</i>) DMD (<i>dystrophin</i>) Tuberous sclerosis Neurofibromatosis (<i>NF1</i>) <i>PTEN</i> hamartoma tumor syndrome(<i>PTEN</i>) Cornelia de Lange syndrome Smith –lenti opitz(<i>DHCR7</i>) Timothy syndrome (<i>CACNA1C</i>) Sotos syndrome (<i>NSD1</i>) Smith –Magenis syndrome (<i>RAI1</i>) CHARGE syndrome (<i>CHD7</i>) 	<ul style="list-style-type: none"> 15q11-13 16p11 22q11-13 7q11.23 2p16.3b 	<ul style="list-style-type: none"> <i>SHANK1</i> <i>SHANK2</i> <i>SHANK3</i> <i>CHD8</i> <i>NRXN1</i> <i>ADNP</i>

Zoom Meeting interface showing a slide with a flowchart for ASD diagnosis.

```

graph TD
    ASD[ASD  
•History and record review  
•Physical examination] --> Essential[Essential ASD  
(Nondysmorphic)]
    ASD --> Complex[Complex ASD]
    
    Essential --> EssentialList["-All patients with unexplained ASD  
•Microarray  
•Fragile X syndrome  
  
-Girls with ID  
•MECP2  
  
-Girls & boys with HC ≥ 2.5 SD  
•PTEN testing"]
    
    Complex --> Specific[Specific syndrome clinically suspected]
    Complex --> NoSyndrome[No syndrome clinically suspected]
    
    Specific --> SpecificList["•Targeted genetic testing  
(eg, Down syndrome, TSC, NF1)"]
    
    NoSyndrome --> Microarray[Microarray]
    Microarray --> CNV[if no highly penetrant CNV detected]
    CNV --> WES[WES]
  
```



Month in pics

BREASTFEEDING IS STILL IMPORTANT AFTER YOUR BABY TURNS ONE.

Breastmilk continues to provide **important nutrients** for your baby for as long as they continue breastfeeding.

Babies who breastfeed into the second year and beyond are **less likely to become overweight**.

Breastfeeding helps your baby fight off infections and builds a **stronger immune system**.

BREASTFEEDING IS GOOD FOR MOTHERS TOO.

It reduces the risk of breast and ovarian cancers, type 2 diabetes and cardiovascular disease.

The longer you breastfeed the more these risks are reduced.



World Health Organization

WHO recommends breastfeeding your baby for two years or more, and then as long as you and your baby want to keep breastfeeding.



Month in pics



INDIAN CHILD PROTECTION MEDICAL PROFESSIONAL NETWORK (ICMPN)
invite you for the webinar on
**CHILD PROTECTION WITH CHILDREN
WITH SPECIAL NEEDS**

FRIDAY, 30TH JULY 2021 | 9 PM IST

Virtual Platform: Zoom Link

https://icmec.zoom.us/webinar/register/WN_ea0m9YI9TgCCtNT243fSew

SPEAKER



Dr. Shabina Ahmed,
*National Chairperson, IAP Developmental Paediatrics Chapter
Founder Director, Assam Autism Foundation
Member, International Society for Prevention of Child Abuse and
Neglect (ISPCAN)*

MODERATOR



Dr. Sandhya Satish Khadse,
*Pro -Vice chancellor, National
Institute of Medical Science,
Jaipur, Rajasthan, India*



Dr. P. Ashok Kumar,
*Consultant in Child & Adolescent Health,
Karothukuzhi Hospital, Aluva.

Joint Secretary cum Treasurer,
Indian CANCL Group, IAP.*



Month in pics

5 INTERESTING FACTS ABOUT BREASTFEEDING



1

Your body is ready to feed your baby from the moment they are born. Colostrum, the first milk, is yellow and thick. It doesn't have much water in it so your baby only needs a very small amount.

2

Breastfeeding helps you and your baby produce oxytocin, a hormone that lowers stress and anxiety and makes us feel connected.

3

Breastfeeding supports the development of healthy gut bacteria in your baby, setting your baby up with a healthy immune system for life.



4

Breastmilk contains antibodies that are tailored to help your baby fight infections circulating in your environment.



5

Your baby breastfeeds in the early days, the quicker your body will start to make more milk. Your body is ready to breastfeed your baby again as soon as 20 minutes after they finish a feed.





Month in pics

Zoom 24:06

REC

Kawaljit Singh Multani

cdcmkc@gmail.comADMIN

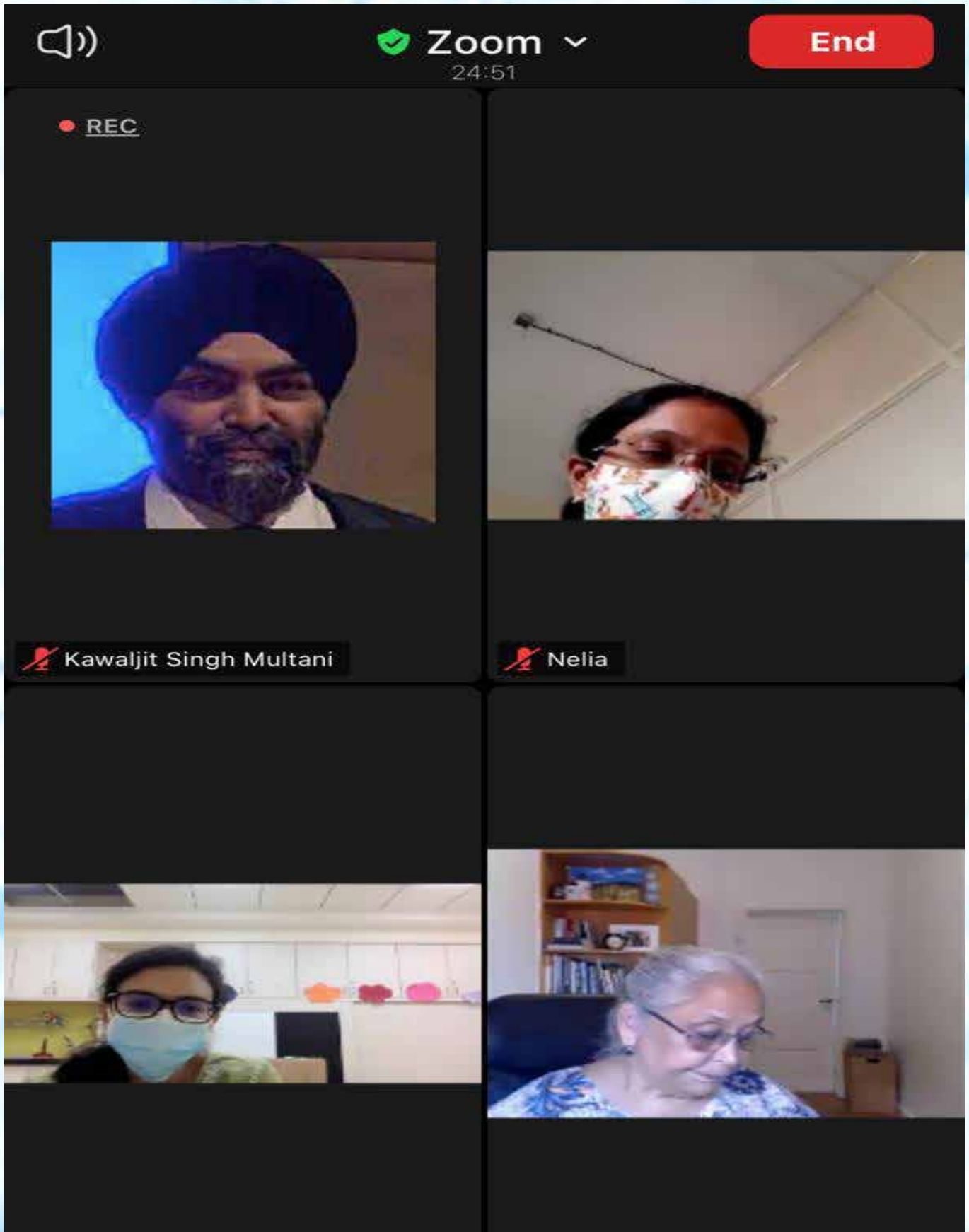
Jessica Pinto

Nandita De Souza

End



Month in pics





Month in pics

IAP TNSC & Rotary
District 2981 invites

TODAY'S SEMINAR-CHILD DEVELOPMENT

By Zoom and U-tube
Zoom id:844 1043 6526 , passcode IAPTNSC



27TH JULY 2021 , TUESDAY
7-8 pm | Kindly join us.

Dr. S. Narmadha - Screen time
Dr.k.Veena - Eye care during on line classes
Dr.A.Chenthil -parenting
Dr.V.Sivaprakasam - Larning points for parents

Dr. K. R. Muthukumaran,
Senior Physician of Chidambaram will inagurate
Dr. P. Rajendran President East coast pediatric
Association will release a Booklet -
'Guide to Child Development'h

N e



Month in pics

Intervention Program

- Requires a TEAM that works TOGETHER
- Places THE CHILDs NEEDs at the top
- Not very convenient
- May seem to be more expensive
- Rigid

Stand Alone Therapy

- Flexible

Participants (90):

- DR Dr. Roshan Patel
- DR Dr. Rajali Salve
- DR Dr. Sanjay Deshmukh
- DR Dr. Shilpa Hanwar Rahamdar
- DR Dr. Shubhangi Ghoshle
- DR Dr. Shweta Iodhi
- DR Dr. Sujata Simukabden
- DR Dr. Sunil Chaudhry
- DR Dr. Vijay Wankh
- DR Dr. Vikas Kulkarni
- DR Dr. Abhay Budhr
- DR Dr. Kailas D Ghoshle
- DR Dr. Sarma Nigam
- DR Dr. Khulatar
- DR Dr. Poojam Marda
- DR DR. RIZWAN

Temper tantrums...

- Overt displays of unpleasant behaviour that are extreme and disproportionate to the situation.
- Mild like pouting and whining or severe like head banging and breath holding.
- Normal as toddlers learn to control emotions and gain independence.
- Usual 2-3 years but may range as early as 1 year and as late as 4 years.
- ~5-7% of children 1-3 years of age have temper tantrums lasting at least 15 min 3 or more times a week.
- As children grow they learn to identify, express emotions, communicate and act appropriately, and tantrums decrease.

Participants (90):

- DR Dr. Rajali Salve
- DR Dr. Sanjay Deshmukh
- DR Dr. Shilpa Hanwar Rahamdar
- DR Dr. Shweta
- DR Dr. Shweta Iodhi
- DR Dr. Subhash Kavat

Chat:

From Anshika Jaiswal to Everyone: welcome dear Leena to Nagpur

From Dr. Sanjay Deshmukh to Everyone: welcome to dr Leena mam to Nagpur



Month in pics

Recording... LIVE on Custom Live Streaming Service You are viewing Dr. Nivali Lohiya's screen View Options

Introduction

- » Improving perinatal and neonatal care - increased survival of infants -at-risk for - developmental delay and visual/hearing problems

Dr. Nivali Lohiya

Join Audio Start Video Security Participants Chat Share Screen Pause/Stop Recording Reaction Leave

Recording... LIVE on Custom Live Streaming Service

Behavioural problems in children- when to worry and what to do ??!

Dr Leena Srivastava
Head, Child Development and Guidance centre CDGC
Bharati Vidyapeeth Medical College and Hospital
Visiting Neurodevelopmental consultant, Cloudnine Shivajinagar & LMCCH, Pune

Dr. Leena Srivastava



Month in pics

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What can you do in your clinic?

- ▶ Pediatrician can assess the **nature** and **severity** of the problem-Offer a Helping **HAND**
- ▶ **Hear** them out-sympathetically with reassurance.
- ▶ **Anticipatory guidance** -Screen, parenting
- ▶ **Need for help**-Tips to give parents on beh m/g
- ▶ **Direct them to Developmental services**

Dr. Leena Srivastava

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From Parents

Relevant history

- ▶ Environmental history
- ▶ Family structure
- ▶ Routine of the day

About the child

Relevant history

- ▶ Sleeping pattern
- ▶ Feeding pattern
- ▶ Estimate vocabulary input time
- ▶ Screen time
- ▶ Activities of interpersonal relationship
- ▶ Toys, Read books

Dr. Shabina Ahmed

Activate Windows
Go to Settings to activate Windows.

Join Audio Start Video Security Participants 74 Chat Share Screen Pause/Stop Recording Reactions Leave



Month in pics





Month in pics

Zoom Meeting
Recording... LIVE on Custom Live Streaming Service

Best wishes to my dear friends
Dr Nirali and Dr Nikhil Lohiya,
and Silver Linings!

New Horizons Child Development Centre

Participants (95)

- (Co-host, me, participant ID: 271579)
- AOP Office (Host)
- SD Samir Dalwai (Co-host)
- DN Dr Nikhil Lohiya (Co-host)
- DN Dr Nikhil Lohiya (Co-host)
- DN Dr Nirali Lohiya (Co-host)
- DR Dr Rinz Paulojie (Co-host)
- H Hemchand (Co-host)
- 257499
- AH Abul Hasan Shaikh
- Aditya Mishra
- Anshika Singh
- Archana Jainwal
- AT Ashwin Thakkar

10:16 25-07-2021

Recording... LIVE on Custom Live Streaming Service

By 6 months	Few or no big smiles or other warm, joyful expressions; limited or no eye contact
By 9 months	Little or no back-and-forth sharing of sounds, smiles or other facial expressions
By 12 months	Little or no babbling Little or no back-and-forth gestures such as pointing, waving Little or no response to name
By 16 months	No meaningful words
By 24 months	No meaningful two-word phrases (not including imitating or repeating)
At any age	Loss of previously acquired speech/babbling or social skills Avoidance of eye contact Persistent preference for solitude Delayed language development Persistent repetition of words or phrases (echolalia) Resistance to minor changes in routine Restricted interests Repetitive behaviors (flapping, rocking, spinning, etc.) Unusual and intense reactions to sounds, smells, tastes, textures, lights and/or colors

Dr Nirali Lohiya

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Go to Settings to activate Windows.



Month in pics

Recording... LIVE on Custom Live Streaming Service

The screenshot shows a live stream interface. On the left, a presentation slide is displayed with two columns of text. On the right, a video feed shows a woman with glasses and a patterned shirt speaking. At the bottom right, there is a Windows watermark.

From Parents

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- ▶ Toys, Read books

Shabina Ahmed

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Month in pics

motherhood
women & children's hospital



PAEDIATRICS

Happy



by

motherhood
women & children's hospital



Q & A SESSION ON BEHAVIOURAL PROBLEMS IN YOUNG CHILDREN

 31st JULY, 2021
SATURDAY

 4:00 PM



SESSION BY

Dr. Kirthika Rajaraman

M.B.B.S., D.C.H., Dip. N.B. (Paediatrics),
F.I.A.P. (Developmental and Behavioral
Paediatrics)
Consultant - Developmental Paediatrics

For more details, call: 1800 108 8008 | +91 99005 22222

www.motherhoodindia.com