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Bulletin of Neonatology Chapter of IAP

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News & Notes

- Heartiest Congratulations to Dr Anjali Kulkarni, Chairman of the Neonatology Chapter of IAP for being awarded the prestigious fellowship of RCPCH/UK.
- Heartiest Congratulations to Dr Ranjan Kumar Pejavar, Hon Secretary, Neonatology Chapter of IAP for being awarded Fellowship of National Neonatology Forum during the Chennai Neocon.

IAP NEOCON 2012 Hyderabad

3rd & 4th November 2012

5th National Conference of
Neonatology Chapter of IAP and
AP Neocon 2012

Venue

Hyderabad Marriot Hotel
Convention Centre

Abstract for Paper / Poster

Submission Last Date : 1st October , 2012
(Cash Prize for Best Paper and Best Poster)

Bilipad



LED Phototherapy System

Bilipad is a light weight, flexible, portable, comfortable, power saving light pad which delivers effective phototherapy in the narrow spectral range of 450 - 490nm

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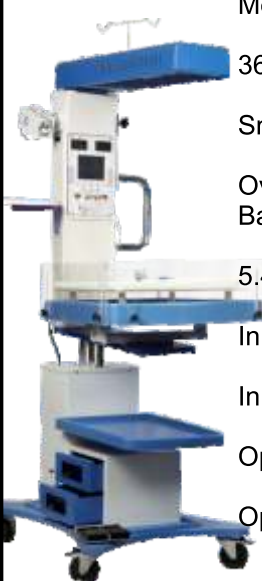
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Time Cycled Pressure Limited with Pressure and Volume Control

CPAP, SIMV, SIPPV Modes

For the First Time -
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Report of the IAP NEOCON 2011, Ludhiana

4th National Conference of IAP Neonatology Chapter

Dr Naveen Bajaj

Org. Chairperson

For Organising Team IAP NEOCON 2011

The team IAPNEOCON 2011 and Ludhiana Academy of Pediatrics expresses deep gratitude and thanks to Office Bearers of IAP Neonatology chapter, Central IAP Office Bearers, all the members of IAP and delegates for being a part of this scientific event. It was our privilege and honor to welcome you all to the 4th National Conference of IAP Neonatology Chapter – IAPNEOCON 2011 held on November 18th to 20th 2011 in the City of Ludhiana also known as Manchester of India. We proudly share that this was the first time that state of Punjab has witnessed a prestigious national event in the field of neonatology. We would like to thank all of you who have travelled from all over the country to attend this conference and contributed to its grand success by their sheer presence. This conference was hosted by Ludhiana Academy of Pediatrics, venue was a Hotel majestic Park Plaza, a five star located in the center of the city. Our organizing team worked hard with meticulous planning and commitment for almost a year. The scientific program with the Theme – “Newborn care from First Breath to Discharge and Beyond” was designed to address issues related to the common neonatal diseases.

On 18th November we started off in the morning with two parallel workshops. The nursing workshop with the theme “Role of Nurses in Newborn Care”, main contents being Kangaroo Mother care and feeding of premature babies was attended by 75 nurses from different cities and villages of the Punjab. The idea was to train nurses about the simple but effective aspects of newborn care which can be easily practiced in their Level II centers. The second workshop on “Basics of Mechanical Ventilation” got overwhelming response and 65 delegates from different parts of country attended this workshop. We feel very sorry for the interested delegates whom we could not register for this workshop as we didn't not like to compromise on the quality of science and faculty delegate interaction. In the evening, the faculty dinner in lawns of Sutlej club in the pleasant weather was a real gossip and social interaction time.

On the 2nd day, 19th November ventilation workshop was continued with most of time devoted to real case scenarios and discussion about management of these cases. On 19th November another workshop was held on subject of CPAP. Almost 55 delegates attended this workshop and were given chance to have firsthand experience on initiation and application of CPAP on dummy babies.

Main conference began on 19th November with the Free paper presentation. The researcher from all over the country presented their work in the field of neonatology which was appreciated by all. In the afternoon, the scientific sessions of the conference began. Around 400 delegates from all over India attended this prestigious conference on 19th November. It was a desirous opportunity to interact with the best experts in the field of neonatology and to benefit from their knowledge and experience.

The conference was formally inaugurated on 19th November evening with lighting of the lamp by Office bearer of the Neonatology chapter, Office bearer of Central IAP, Organizing team and Chief guest Dr Daljit Singh. Dr Anjali Kulkarni, Chairperson of IAP Neonatology Chapter briefly outlined her future plans for the chapter. The Hon. secretary of Chapter Dr Ranjan Pejavar narrated the accomplishment and growth of the chapter in last one year. Dr Daljit Singh Principal of DMC Ludhiana later addressed the delegates and complimented the organizing team for excellent organization and the chapter for its continuous efforts for uplifting the standards of newborn care. Dr Tanmay Amladi, secretary of Central IAP honored the Neonatology Fellowship examination topper Dr Shivkumar Lalwani with gold medal. Dr Sailesh Gupta treasure of Central IAP released the well designed souvenir of the conference.

Dr BB Jha's oration delivered by well renowned neonatologist Dr ON Bhakoo, was another highlight of 19th Nov. and

was attended not only by all delegates but also by the faculty members. He discussed practically useful aspects of newborn care in his lecture on “Challenges Faced by General Pediatrician in Practice of Neonatology”. Later, followed the Banquet and cultural program. Everyone enjoyed the lavish Punjabi food and excellent singing by Dr Sailesh Gupta, a hidden talent which we were not aware of before.

On November 20th, it was a foggy and cool morning in Ludhiana. The conference program commenced with Award paper presentation where best six chosen research papers were presented and judged by three eminent judges. A gold medal for the best paper in this session was awarded to Dr SN Singh from Lucknow. On this 3rd day of the conference, the 20th November many more delegates joined the existing fleet and total registration crossed over 400. The delegates gets enriched with different symposia and deliberations delivered by renowned neonatologist of the country. The Case based Panel discussion on Neonatal Sepsis was a very interactive session where delegates had direct discussion with the panelist on the issues related to this common disease having high morbidity and mortality. We wish we could have spared more time for Panel Discussion. The conference was concluded in the evening of 20th November, 2011 with the valedictory function.

I would like to convey my special thanks to all the faculty members who have travelled far distances and whose presence made it possible to deliver excellent science of neonatology. Everyone who attended this conference was contended with the scientific program of the workshops and the conference. In fact, one delegate asked “ When the next IAPNEOCON will be and where in Ludhiana?, please register me for that”. The overwhelming and enthusiastic response, the last turnout of meritorious members, last minute preparations and the memorable moments will be forever treasured in our memory. I look back the year of 2011 with nostalgia to all the excitement and anticipation we experienced during the preparation for this long awaited three days of the IAPNEOCON 2011.



IAP Neonatology
Chapter Life membership

Application Form

Name _____

Sex _____

Date of birth _____

Address _____

Telephone No. _____

Cell No _____

E-mail ID _____

Central IAP membership No _____

Current Professional affiliation _____

Past Professional affiliation _____

Membership fee paid by cash / cheque / DD no _____ dated

_____ drawn on _____

_____ bank.

Cheque / DD for Rs. 500/- to be drawn in favor of
" IAP Neonatology Chapter " Payable at Oriental Bank of Commerce,
Apollo Hospital Branch, New Delhi.

_____ Mail to _____

Dr Anjali Kulkarni

36, Ishwar Nagar, Mathura Road,

New Delhi 110065

dr.kulkarnianjali@gmail.com

Award Poster IAP Neocon 2011

Respiratory distress in vigorous neonates born through meconium stained amniotic fluid- A Prospective Study

Authors Name & Place

Singh SN, Roli Srivastava, Moh. Tahazzul, Malik GK

Affiliations : Department of Pediatrics, C.S.M.Medical University, Lucknow

Email : drsn.singh@rediffmail.com

Background: Neonates born through meconium stained amniotic fluid (MSAF) are at risk of developing respiratory distress. Though risk of respiratory distress is less in vigorous babies, they are likely to get missed or detected late.

Aims & Objective: To study incidence, predictors at birth, time of onset of respiratory distress among vigorous neonates born through MSAF.

Methods: 290 vigorous neonates born through MSAF over 14 months evaluated prospectively. Data were collected on perinatal risk factors. All neonates were monitored for development of respiratory distress within 24 hours of birth, including time of onset. Perinatal risk factors found significant ($p,0.05$) were analysed by logistic regression to get predictors of respiratory distress. A score based on relative weight of adjusted OR in logistic regression was derived for each predictor variables and was applied in another set of vigorous neonates ($n=247$) born through MSAF over 9 to get ROC and sensitivity & specificity at best cutoff point of clinical score.

Result: 97 of 290 vigorous neonates born through MSAF developed respiratory distress (incidence- 33.4%). On univariate analysis, presence of fetal distress, meconium staining of cord or nails, obstructed labour, prolonged labour; absent or feeble cry, cough, gurgling sound and poor chest air entry at birth were significantly associated with respiratory distress. On logistic regression, fetal distress (adj OR=12.9), prolonged labour (adj OR=3.8), absent cry (adj OR=7.4), gurgling(adj OR=7.4) and poor chest aientry (adj OR=4.0) were found to be independent predictors. Six points were attributed to fetal distress, 4 points each for absent cry & gurgling, and 3 point each to prolonged labour and poor chest air entry. Consequently clinical score value ranged from 0-20. Diagnostic performance of the clinical score was evaluated in another set of 247 patients and ROC was constructed, AUROC was 0.863 (95%CI=0.807-0.919). A cut-off value of 7 points best differentiated vigorous neonates developing respiratory distress or no distress with a sensitivity of 70.6% (95%CI=59.6%-79.7%) and specificity of 93.8% (95% CI=88.6%-96.8%). Respiratory distress developed at birth or within 1 hr in 46.9%, within 1-6 hr in 39.6%, and after 6 hrs in 13.5% patients.

Conclusion: Nonvigorous neonates born through MSAF having fetal distress, prolonged labor,poor cry, gurgling sound and poor chest air entry at birth are more likely to develop respiratory distress, needs postnatal monitoring.

Conflicts of interest; None

Approval: Approved by IEC



**Dr. B.B. Jha - Oration, IAP NEOCON 2011
By. Prof. O.N. Bhakoo**

**CHALLENGES IN NEONATAL CARE
FOR GENERAL PEDIATRICIANS**

O.N.BHAKOO
MD,FAMS, FIAP,FNNF

Challenges in Neonatal Care

- Self assessment
- Evaluating a Referral Centre and Neonatal transport
- Reducing the cost of care
- Enhancing patient satisfaction and reducing litigation
- Developing counseling skills.
- Awareness of learning dynamics in Neonatology
- Participation in integrated care

Neonatal care for G.P 2011

Self assessment - I

- Assess your team's expertise
- Know your resources
- Decide the level of care you can provide

Neonatal care for G.P 2011

SELF ASSESSMENT-II

Level-I (Primary) Care

	Normal (I-A)	Supervised (I-B)
Birth weight	≥ 2.5 kg	≥2.0 kg
Gestation period	≥ 37 wks	≥ 35 wks
I.U Growth	AGA	SGA, LGA
Illness (symptoms)	Nil	Mild
Monitoring required	Routine clinical	Special

Neonatal care for G.P 2011

SELF ASSESSMENT-II

Level II, III (special/Intensive) care

	Level II	Level III
Birth weight	< 2.0 kg	<1.5 kg
Gestation	≤ 34 wks	≤ 32 weeks
Illness	Moderate	Severe
Monitoring	Frequent	Continuous
Therapeutic Facilities	Oxygen I.V fluids Phototherapy Exch.transf. CPAP	Ventilator care TPN For organ failure Post operative

Neonatal care for G.P 2011

SELF ASSESSMENT-III

Incidence and Mortality by Birth weight

(NNPD-2000)

Birth weight	Incidence %	Level of care	Mortality %
Above 2.5 kg	67.0	I-A	<1.0
2.0-2.5 kg	22.0	I-B	2.0
1.5-2.0 kg	7.4	II	7.5
<1.5 kg	3.6	III	40

L-II care costs 5-10 times that of L-I
L-III care costs 5-10 times of L-II

Neonatal care for G.P 2011

SELF ASSESSMENT-IV

Causes of Preventable Brain Damage in Newborn

1. Perinatal asphyxia
2. Meningitis, sepsis
3. IVH, Prematurity, VLBW
4. Kernicterus
5. Hypoglycemia, malnutrition
6. Sub-optimal obstetric care

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Evaluating a Referral Centre

1. Training of team members and Nurse : Patient ratio
2. Technology support and in-house laboratory
3. HAI rate and quality of supportive care
4. Cost of care and duration of hospital stay
5. Patient satisfaction score and litigation rate
6. Survival and intact survival rates (audit)
7. Rapport with the Referring unit, Reverse Referral Protocols and Outreach Education policy
8. Accredited or not

Neonatal care for G.P 2011

Assessing quality of care during transport

- Stabilization before starting journey
Temp, vitals, BP, Blood sugar, oxygen etc.
- Equipment : Transport incubator, monitors, IV line, oxygen, drugs, ventilator, asepsis
- Monitoring and record keeping
- Training of transport team
- Protocols for emergencies during transport
- Condition on arrival at the referral centre
- Availability of transport audit

Neonatal care for G.P 2011

Reducing the cost of care

- Full utilization of facilities L-III, II
Nurses/Equipment sharing/on rent
- Shift to L-II as soon as L-III care is not required
- Involve the mother in the care in hospital and early discharge home
- Reduce duration of hospitalization by reducing HAI, malnutrition and preventing avoidable prolonged ventilation
- Health insurance for NIC

Neonatal care for G.P 2011

Enhancing patient satisfaction (Reducing Litigation)

- Communication :
 - Keep the family well informed about the changing condition of the patient.
 - Probability of compromised outcome demands counseling truthfully, yet with sensitivity ,compassion and guarded optimism
- Involve the family in deciding about the controversial therapies
- Take consent for procedures, explaining their complications. Explain side effect of drugs
- Keep proper records about patients progress and about the communications with the family.

Neonatal care for G.P 2011

Counseling and capacity building

- The art of counseling involves learning effective methods of imparting information and giving advice so as to bring about a change in behavior
- How to counsel?
- Evaluating effectiveness of counseling.
- Causes of failed counseling
- Understanding difficult mothers and mother-infant attachment problems.

Neonatal care for G.P 2011

How to counsel?

- Focus on the dominant member of the family
- Know family resources and their cultural practices.
- Be friendly, relaxed, talk while sitting and in local language.
- Have an open mind, encourage questions and discuss rather than dictate.
- Focus on main points. Appreciate useful views of the family. Reinforce acceptable cultural practices and discourage harmful ones.
- Solutions should be practical rather than ideal. Carry pictures and charts to facilitate understanding.
- Patient contact sheet

Neonatal care for G.P 2011

Evaluating effectiveness of counseling

- Sense family's reaction to advice
- Attentiveness and questioning shows interest.
- Notice if they carried out your instructions
- Find out reason for non-compliance without feeling hurt
- Readjust and modify your strategy.

Neonatal care for G.P 2011

Causes of failed counseling

- Practicality of advice
- Previous experience
- Mishandling views of dominant family member.
- Health professionals experience, personality and method of counseling.

Neonatal care for G.P 2011

Understanding mothers- I

5 types of mothers can be identified

Type of Mother	General characteristics	Handling
1. Supreme happiness	Unmindful of her own pain and struggle	Most successful
2. Happy but anxious	Prolonged infertility, older primi, family problems. Asks same questions from different health professionals.	Sympathetic support
3. Satisfied, but fearful	Female infant, conflict in family relations, remains aloof, cries when talked to	Careful handling

Contd....

Neonatal care for G.P 2011

Understanding mothers – II

Type of mother	General characteristics	Handling
4. Unwanted pregnancy but, accepts the baby slowly	May take a week to accept the baby. May want to keep the baby away in the nursery for some time	Advice and reassurance from husband and family members helps
5. Unwanted pregnancy and unwanted baby	Always complaining and blaming relatives, even husband and hospital personnel	A real challenge to tackle

Neonatal care for G.P 2011

Common causes of Mother-infant Attachment Problems

- Elderly Primipara
- Bad obstetric history
- Illness in the mother
- Prolonged hospital stay of the baby
- Baby's prolonged illness or unpredictable outcome (too tired)
- Mother too wrapped up in herself (Type-5 mother)

Neonatal care for G.P 2011

Learning Dynamics in Neonatology

- Neonatal physiology, technology
- Skills related to diagnosis, treatment, procedures and equipment.
- Evidence based medicine approach
- Problem-oriented learning
- Have a defined agenda when attending CME/Workshop and practice participatory learning by engaging the teacher and more experienced colleagues.
- Clinical practice guidelines (NNF)

Neonatal care for G.P 2011

Integrated Care - I

A. Regionalization :

- a) It is coordination of neonatal care between L-I, II and III units in a small geographic area with about 20,000 deliveries per year.
- b) This system makes optimal utilization of neonatal care facilities.
- c) It improves the quality of care and reduces the cost of care.

B. Out-reach education :

- a) It is need based continuing education and training of medical staff of peripheral units from where neonates are referred for L-III (L-II) care.
- b) This is done by the staff from the referral centre.
- c) Topics for such education may be related to the clinical problems faced during the preceding months. It may be training on wheels.

Neonatal care for G.P 2011

Integrated Care-II

C. DISTRICT COMMITTEE ON NEONATAL CARE

Such committee may be created through the cooperation of IAP, NNF, FOGSI, IMA, relevant NGOs and civil surgeon's office and should undertake the following tasks.

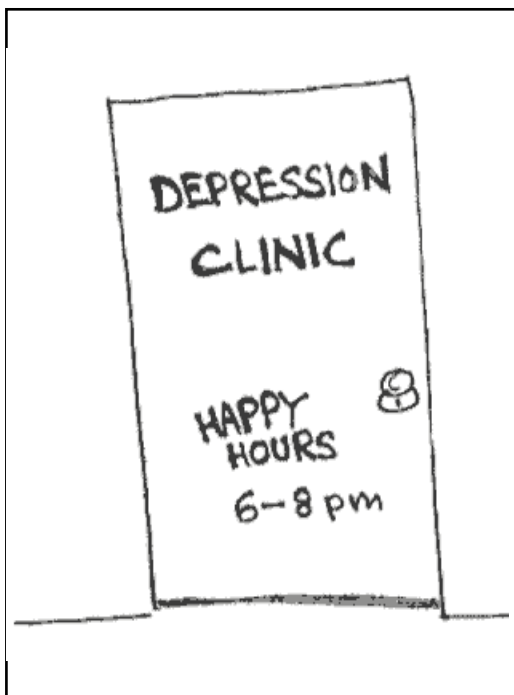
- a) Create awareness about better facilities for child birth and neonatal care.
- b) Coordinate perinatal and neonatal care in the district including outreach education, referral and neonatal/maternal transport.
- c) Coordinate training of Dais, nurses, and doctors working in the district.
- d) Audit quality of neonatal care in the district and define accountability for lapses

Neonatal care for G.P 2011

Continuing challenges

- Quality and cost of care
- Accountability of governmental institutions
- Patient satisfaction and litigation
- Affordable care and health insurance
- Integrated care L-I, II, III
 - District committee of Perinatal-Neonatal care
 - Coordination of Govt. and private Institutions
 - Outreach education and transport
 - Standardization and self regulation
 - Ethics of neonatal care

Neonatal care for G.P 2011





IAP NEOCON 2012

5th National Conference
of Neonatology
Chapter of IAP and
AP Neocon 2012

CO-HOSTS

NNF AP State Chapter
IAP AP State Chapter
IAP Twin Cities Branch

Venue

Hyderabad Marriot Hotel
Convention Centre
HYDERABAD, INDIA

Abstract for Paper / Poster

Submission Last Date : 1st October , 2012
(Cash Prize for Best Paper and Best Poster)

Office Bearers of IAP Neonatal Chapter

Chairperson: Dr. Anjali Kulkarni
Secretary: Dr. Ranjan K. Pejaver
Treasurer: Dr. Rishikesh Thakre
Joint Secretary: Dr. Sanjay Wazir

Organizing Chairperson: Dr. Indra Shekhar Rao

Organizing Secretary: Dr. Srinivas Murki (Mobile : 939247035)

REGISTRATION DETAILS

Registration	IAP Member (Conference + Workshop)	Non-Member (Conference + Workshop)	Accompany- ing Person	PGs & Senior Citizens	Nurses Conference + Nursing Workshop
Upto 15.10.2012	`4000 + `1000	`4500 + `1000	`2500	`2000 + `1000	`1000
SPOT	`5000 + `1000	`5500 + `1000	`3000	`2500 + `1000	`1500

Please Note : Workshop Registrations are limited. One delegate can attend ONLY one Workshop

PAYMENT DETAILS

Payment accepted by Cheque / DD or Cash only. DD/Cheque in favour of "IAP NEOCON 2012", Payable at Hyderabad.
Electronic Transfer : IFS Code : IOBA0000572, MICR Code No. : 500020007
Bank Name: Indian Overseas Bank, Account Number: 057201000016125

www.iapneocon2012.org



**12 CME CREDIT
HOURS
(APMCI)**

**THEME
PREVENT
NEONATAL INFECTIONS
AND
OPTIMIZE ANTIBIOTIC
USAGE**

Workshops on

3rd November, 8.30 am to 2.30pm

Infection Control and Antibiotic Usage
Videos on infection control practices
Procedures in Neonatology
Inter Coastal drainage / Central line
C P A P
Practical aspects /Demo/Interface
Neonatal Nursing
Warmers / KMC / Resuscitation
Neonatology in Office Practice
CTEV and CDH / Surgical Neonatal OP
GI Jitters / Use of Computers
Neuro-developmental Follow up
Timing & Methods / DDST, DASII
Functional Echocardiography
PDA / PPHN / CHD / Echocardiography
Cranial ultrasound
IVH / PVL / Ventriculomegaly
Malformations / Hands-on NSG

Conference on

3rd November 4 pm to 8pm
4th November 8 am to 5.30 pm

Orations : Dr. Armida Fernandez & Dr. David Issac
Landmark studies in neonatology
Breast feeding in difficult situation
Medications in the NICU
Unexplained fetal / neonatal death
Nutrition in the preterm infant
Oxygen therapy: the good and the bad
RD in the newborn: diagnosis & management
Non invasive ventilation: Is this the future
Neonatal encephalopathy: All is not birth asphyxia
Potential best practices for neonatal brain
Newborn at risk for neuro-developmental problems
Panel on neonatal sepsis
Electrolyte imbalance: Identifying the hay from stack
Endocrine disorders in the newborn
Preventing bilirubin encephalopathy
Newborn with ambiguous genitalia
Emergent medical management: Heart diseases
Choosing the right inotropes

CONTACT DETAILS

Conference Secretariat



Bogulkunta, Hyderabad - 500001
Phone : 91-40-40632569
Fax : 91-40-24753482, Mobile : 8886360023
Email : iapneocon2012@gmail.com
Website : www.iapneocon2012.org

IAP CHAPTER OF NEONATOLOGY Fellowship Centers, 2012

S. No.	Year	Institute	Coordinator	Email
	2008	K R Hospital	Dr. Ranjan Pejaver	ranjanpejaver@yahoo.com
2	2008	Rainbow Children's hospital	Dr. Dinesh Chirla	dchirla@gmail.com
3	2008	Apollo Hospital	Dr. Anjali Kulkarni	kulkarnianjali@hotmail.com
4	2008	Kerala Institute of Medical Sciences	Dr. Naveen Jain	
5	2008	Fernandez Hospital Pvt Ltd	Dr. Pramod Reddy	prathima08@rediffmail.com
6	2008	Seth GSMC, KEMH	Dr. Ruchi Nanavati	
7	2008	Neo Clinic	Dr. Rhishikesh Thakre	rhishikeshthakre@hotmail.com
8	2008	N J Wadia Hospital	Dr. Tanmay Amladi	tanmayamladi@gmail.com
9	2009	KEMH and research center	Dr. Madhu Otiv	madhu_otiv@hotmail.com
10	2009	HM Patel center for Medical care and education	Dr. Somashekhar Nimbalkar	somu_somu@yahoo.com
11	2009	Nirmal Hospital Pvt limited	Dr. Rajiv Agarwal	agrawalrs@yahoo.com
12	2009	B J Wadia hospital for Children	Dr. Tanmay Amladi	tanmayamladi@gmail.com
13	2009	KEMH and Seth GSMC	Dr. Ruchi Nanavati	ruchinanavati@yahoo.com
14	2010	Kokilaben Dhirubhai Ambani Hospital	Dr. Vinay Joshi	vinay.hk.joshi@relianceada.com
15	2010	Tata Motors Hospital	Dr. Rajiv Sharan	rajivsharan@tatamotors.com
16	2010	Government Medical College hospital	Dr. Deepak Chawla	drdeepakchawla@hotmail.com
17	2010	Bharati Vidyapeeth University college	Dr. Sanjay lalwani	sanjaylalwani2007@rediffmail.com
18	2010	PVS Memorial hospital Ltd	Dr. Tonny Mampilly	drtonnymampilly@yahoo.co.in
19	2010	Vijay Marie hospital and educational society	Dr. Baswaraj	baswarajt@gmail.com
20	2010	Manipal multispecialty hospital	Dr. N Karthik Nagesh	karthik.nagesh@manipalhealth.com
21	2010	LTMMC and Sion Mun Hospital	Dr. Jayashree Mondkar	jayashreemondkar@gmail.com
22	2011	Lotus Children's Hospital	Dr. V S V Prasad	vsvprasad@pol.net
23	2011	Surya Children's Hospital	Dr. N S Kabra	nskabra@gmail.com
24	2011	Chaitanya Hospital	Dr. Anil Narang / K S Das	anilnarang209@gmail.com
25	2012	Deep Nurshing Home	Dr. Naveen Bajaj	bajajneo@yahoo.com
26	2012	Pushpa Giri Institute of Medical Sciences & Research Centre	Dr. Jacob Abraham	drjacobabraham@gmail.com
27	2012	Fortis Escorts Hospital Faridabad	.Dr.Anjoo Bhatnagar	anjoo.bhatnagar@fortishealthcare.com
28	2012	Satguru Pratap Singh Apollo Hospital	Dr. Ashwani Singhal	neoash@rediffmail.com
29	2012	CRAFT	Dr. Majeed	
30	2012	Ratna Memorial Pune	Dr. Sandeep Kadam	drsandeepkadam@yahoo.com

ELECTION NOTICE

Dated 15 Sept, 2012

NEONATOLOGY CHAPTER OF IAP

Society Regn. No. BOM 127/1963 GBBSB

* Public Trust Regn. No. F – 1166 (BOM)

(Subject to change under unforeseen circumstances)

Nominations are invited for the election of the following posts for Neonatology Chapter of IAP for the year 2013-14.

1. Chairperson: One
2. Secretary: One
3. Joint Secretary: One
4. Treasurer: One

Eligibility: Life member of the Neonatology Chapter of IAP.

All the particulars contained in the Nomination Form should be correctly filled up. A Form of Nomination Paper is printed herein. The Candidates as well as Proposers & Seconders of the nominations are required to be life members of the Chapter. The nomination papers will be scrutinized by the IAP Neonatology Chapter, Election Commissioner to decide about its validity or otherwise. Last date for filing nomination: 31 Oct, 2012

Scrutiny of nomination paper:	1 Nov,2012
Last date for withdrawal of nomination:	14 Nov, 2012
Posting of ballot papers:	17 Nov to 20 Nov,2012
Last date for receipt of ballot papers:	1 Dec,2012
Counting and Declaration of results:	2 Dec,2012

Nomination Paper duly filled-in and addressed to The Chief Election Commissioner at address given below should reach the office NOT LATER THAN 5.00 P.M. ON 31st October 2012

Address for communication:

The Chief Election Commissioner,
36, Ishwar Nagar, Mathura Road,
New Delhi 110065.

NOMINATION FORM

(PLEASE FILL-UP THE FORM IN BLOCK LETTERS)

Name of the Office for which the Candidate is Nominated

.....

Name of the Candidate (in full):

.....

Candidate's Address:

.....

.....

Telephones (STD CODE) (OFF) (Res)

Mobile Email:

Name of Proposer

.....

Address:

.....

.....

Telephones (STD CODE) (OFF) (Res)

Proposer's Signature & Date

Name of the Seconder

Address:

.....

.....

Telephones (STD CODE) (OFF) (Res)

Secunder's Signature & Date.....

DECLARATION BY THE CANDIDATE

"I hereby declare that I consent to this nomination and that the information given herein above is true and correct to the best of my knowledge and belief. I also declare to practice the code of conduct prescribed by IAP."

Place :

Date :

(Signature of the Candidate)



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AVI Healthcare gets CRISIL Healthcare Innovation Award



In a recently held function at Medical 2012, Chennai, AVI Healthcare got CRISIL Healthcare Innovation Award Silver for TransNANO Incubator and Bronze for Bilipad- LED Phototherapy Unit. Both the products were well appreciated by the jury. Awards was presented by The Consulate General of Japan



AVI Healthcare on Satyamev Jayate, August 15 episode



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