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rpejaver@yahoo.com

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Dr. Srinivas Murki

Dr. Deepak Agarwal

CHAIRPERSON'S MESSAGE

Dear Friends,

Greetings of the season.

Your Neochap bulletin bringing you the news and activities of Neonatology Chapter is in your hands.

We have had a very productive 2013. Started with the chapter winning the "Best Chapter" award of IAP. The secretary's report gives you an idea of other activities that have happened. We are proud of it and thank you all for active participation and your good wishes.

The IAP Neocon at Ahmedabad was a thumping success in terms of participation, science, fellowship and organizational skills. Thanks to Dr Ashish Mehta and his team for the same. Release of the 'Handbook of Neonatology' at the conference is a milestone and we promise to have atleast one publication per year.

The plans for the future is to initiate activities to involve the nursing fraternity who are the backbone of neonatal care and also to increase liaison with our colleagues in FOGSI.

A good program has been drawn up for the Neonatology Symposium at Indore. Please do attend. Also, please note that the 7th IAP Neocon will be in Meerut. I can assure you that Dr Amit Upadhyaya and team will make it an event worth attending and remembering. Please watch out for the Zonal workshops too.

Your feedback is always welcome. I thank my executive committee, past chairpersons, advisers and central IAP for their cooperation, guidance and support.

Jai Neochap, Jai IAP!

With warm regards,
Dr Ranjan Kumar Pejaver
FRCP, FRCPC (UK), FIAP, FNNF.
Professor of Neonatology.

From the Desk of Hon. Secretary

Annual Report for IAP Neonatology Chapter
Ahmedabad IAP Neocon, Oct 2013

- Seasons Greetings to all! I take great pride & feel privileged to present the annual report of IAP Neonatology Chapter as Secretary for the year 2013.
- The New team was inducted in Jan under the chairmanship of Dr Ranjan Pejaver.
- I take great pleasure in sharing with you that the IAP Neonatology Chapter was awarded the “Best Subspeciality Chapter” award during the Golden Jubilee Pedicon at Kolkatta this year. The credit goes to all the members, fellowship co-ordinators, office bearers & the team under the Chairmanship of Dr Anjali Kulkarani.
- The Subspeciality Chapter Symposium on the theme” “was held at Kolkatta Pedicon and well attended and appreciated.
- The flagship of the Chapter, Fellowship programme has now accredited 45 centers across India. The programme under the leadership of local co-cordinators has been popular and we are fine tuning to ensure quality teaching & training.
- The annual central fellowship exam was conducted at Mumbai & Hyderabad with Dr JA Mondkar & Dr S Murki as the Chief Co-ordinators. 44 students were awarded the fellowship certificates this year.
- There are many “firsts” initiatives from the Chapter this year.
- National Neonatal database a new initiative for knowing the trend in morbidity & mortality prolife of newborns was launched this year and is ongoing with Dr Deepak Chawla as the co-ordinator.
- For the first time we introduced the Collaborative Research projects care quality care initiatives – Nutrition & Respiratroy care are ongoing with Dr Naveen Jain as the co-ordintor
- For the first time “focused workshops” for teaching & training the fellows and postgraduates were introduced. So far 2 such workshops were held this year on Neonatal Neurology at Trivandrum & Gurgaon with Dr Naveen Jain & Dr S Wazir as co-ordinators.
- For the first time we initiated an academic grant for conducting such National workshops which are financially supported partly by the IAP Neonatolgoy Chapter. We hope to have atleast one such workshop in each zone.
- For the first time prize money for the best poster & best paper has been initiated to encourage and appreciate the budding scientific minds.
- As part of administrative reforms the Website has been improvised and is functional to access all information about the administrative & Academic aspects of IAP Neonatology Chapter.
- The work on Directory of Members of the Chapter is being finalized with Dr Naveen Bajaj as the co-ordinator.
- The chapter regularly updates the Neonatal Section of the IAP Drug formulary
- Last but not the least the much awaited first official scientific publication – IAP Handbook of Neonatology, a ready reckoner for all NICU, multi authored with expert contributions from across India is ready & is being launched today. The credit goes to the editors – Dr Ashish Jain, Piyush Soni, Naveen Bajaj under the guidance of Dr Ranjan Pejaver & Dr Anjali Kulkarni.
- Thank you and looking forward to another great academic year with you all.

Yours in Academic Service,
Dr Rhishikesh Thakre
Secretary, Neonatology Chapter of IAP



CONFERENCE
19/10/2013

Venue: Golden Glory Hall, Karnavati Club, Ahmedabad

Final Programme

02.30-03.30 pm	Free Papers	Rishikesh Thakre, Dinesh Chirla
03.30-04.00 pm	A baby with thrombocytopenia	Sandeep Kadam
04.00-04.30 pm	Evolution of CPAP	Thomas Hansan
04.30-05.00 pm	Human Milk Fortification - Newer Insight	Umesh Vaidya
05.00-06.20 pm	Mixed Bag	
05.00-05.20 pm	Don't have enough breast milk	Anupama Reddy
05.20-05.40 pm	Treating Neonatal Seizures - Which Drug?	Amit Upadhyay
05.40-06.00 pm	Best papers which changed my practice.	Deepak Chawla
06.00-06.20 pm	Pre and Probiotics For Neonatal diseases	Ashish Jain
06.30-07.15 pm	NNF ORATION by Dr. Soonu Udani - I.C.U. infections: the crises we face	
07.30-08.30 pm	Solving Controversies.....	
07.30-07.50 pm	Vit D in term and preterm	Naveen Bajaj
07.50-08.10 pm	Preterm Vaccines - when ?	Sailesh Gupta
08.10-08.30 pm	GER - Evidence for management	Nandkishor Kabra
08.40-09.10 pm	INAUGURATION	
09.15 pm	BANQUET 	
	20/10/2013	
	Venue: Golden Glory Hall, Karnavati Club, Ahmedabad	
08.00-08.30 am	Poster Walk	Anjali Kulkarni, S.R.Daga
08.00-08.30 am	Surfactant - Old drug, Newer methods	Charles Smith
08.30-09.00 am	HIE - Newer therapy for neuroprotection	Prakesh Shah
09.00-09.30 am	Antenatal Steroids - Are we using right drug ?	Ashok Deorari
09.30-10.00 am	Chronic Care of infants born prematurely	Stephen Welty
10.00-10.45 am	IAP Neo Chapter ORATION by Dr. Shashi Vani	
10.45-11.15 am	KEY NOTE ADDRESS by Dr. Colin Morley High flow nasal cannulae treatment, is this the new CPAP?	
11.15-11.30 am	Tea	
11.30-11.55 am	Preterm brain injury - improving Neuro. outcome	Navin Jain
11.55-12.15 pm	Kernicterus - A preventable Encephalopathy..	Srinivas Murki
12.15-01.00 pm	Panel discussion on Sepsis Panelist : S. Wazir, S. Murki, P. Suryawanshi	Moderator: Rhishikesh Thakre
01.00-01.45 pm	LUNCH	
01.45-02.00 pm	Award paper / poster presentation	Ranjan Pejaver, Ashok Deorari
02.00-04.00 pm	Give me best inotrope Antenatal USG findings - Implications for Neo. Innovations in Neonatology Common Endocrine Disorder in NICU	Sajan Saini Pooja Vazirani Subhash Daga Sudha Rao
04.00 pm	Valedictory, High Tea	

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SCIENTIFIC PAPER / POSTER
AHMEDABAD, IAP NEOCON 2013

Award Papers

1. CPAP in meconium syndrome. Predictors of failure. (Priya B., Srinivas Murki, Ashish Mehta. Department of Neonatology, Fernandez Hospital, Hyderabad)
2. Operationalisation of breast crawl as a method of early initiation of breast feeding and its impact and feasibility in tertiary care hospital. (Dr. Uma Nayak, Dr. Shachi Patel, Department of Pediatrics, Government Medical College, Vadodara)
3. Comparison of Enteral Paracetamol and Intravenous Indomethacin in Closure of Patent Ductus Arteriosus (PDA) in Preterm Newborns: A Randomized Controlled Trial (Swarup Kumar Dash, NS Kabra. Department of Neonatology, Surya Children's Hospital, Mumbai)

Free Papers

1. Neonatal Analgesia: Effect of Sucrose solution vs breastfeeding (Dr. Arif Vohra, Dr. Bela Shah, Dr. Charul Purani, Dr. Nisha Prajapati, Dr. K. M. Mehariya, Department of Paediatrics, B. J. Medical College, Ahmedabad)
2. Randomized clinical trial: Impact of glycerin suppository on promoting feeding tolerance in VLBW preterm Newborns (Dr. Suvarna Shinde, Dr. Shobha R Sharma, Dr. B S Avasthi, Dr. Nandkishor S Kabra, Dr. Javed Ahmed. Department of Neonatology, Surya children's Hospital, Mumbai)
3. Bilirubin-induced Neurological Damage in Preterm Neonates Managed by Current Approach to Hyperbilirubinemia (Krishan Yadav, Deepak Chawla, Vishal Guglani, Department of Pediatrics Government Medical College Hospital, Chandigarh)
4. HHFNC therapy in preterm babies with respiratory distress: A descriptive cohort study. (Deeparaj Hegde, Jayashree Mondkar, Harshad Panchal, Swati Manerkar. Department of Neonatology L.T.M.M.C Sion, Mumbai)
5. Medication Prescription Errors in NICU Inpatients: Prevalence and Results of a Prevention Program (Dr. Rahul Kadam, Dr. Bhargavi Gohil Raval, Dr. Nandkishor Kabra, Dr. Shobha R Sharma, Dr. B S Avasthi from the Department of Neonatology, Surya children's Hospital, Mumbai)
6. Comparison of Levetiracetam and Phenobarbitone for treatment of persistent neonatal seizures: An open label randomized control trial. (Amit Upadhyay DM1, Monica Roy MD1, Navratan Kumar Gupta MD1, Sanobar Wasim MD1, Nikhil Mehrotra MD1, Mamta Mallik MD1, Deepak Chawla MD1 Department of Paediatrics, LLRM Medical College, Meerut 2GMCH, Chandigarh)
7. Screening for hypoglycaemia in exclusively breast fed high risk but healthy newborns. (Princy Singh, Amit Upadhyay, Vishnubhatla Sreenivas. Department of Pediatrics, LLRM Medical College, Meerut & Department of Biostatistics, All India Institute of Medical Sciences, New Delhi)
8. Comparison of Glucometer reading and laboratory report for diagnosis of neonatal hypoglycemia (NJ Patel et al)



BEST AWARD PAPER ABSTRACT

Swarup Kumar Dash, NS Kabra.

Department of Neonatology, Surya Children's Hospital, Mumbai

Objective : To compare the efficacy of Enteral Paracetamol versus Intravenous Indomethacin in closure of PDA in preterm Newborns.

Design : Single centre randomized controlled trial.

Setting : Level III Neonatal Intensive Care Unit

Participants : Seventy seven preterm neonates with birth weight \leq 1500 grams and PDA size \geq 1.5 mm, with left to right ductal flow with LA:AO ratio $>$ 1.5:1; diagnosed by 2D-Echo within first 48 hours of life.


Intervention : Paracetamol group received paracetamol drops through the infant feeding tube at 15mg/kg/dose 6 hourly for 7 days. Indomethacin group received intravenous Indomethacin at 0.2 mg/kg/dose once daily for 3 days.

Primary and secondary outcome variables : The primary outcome measure was PDA closure rate assessed by echocardiography on day 7 of life. Secondary outcomes included need for surgical closure of PDA, Renal impairment, gastrointestinal bleed, NEC, hepatotoxicity, pulmonary haemorrhage, ROP, IVH, BPD and Mortality.

Results : Baseline characteristics of the two study groups were similar. PDA closure rate was 36/36 (100%) in Enteral Paracetamol group as compared to 35/37 (94.6%) in Intravenous Indomethacin group ($p=0.13$). The rates of secondary outcome were similar in between the two groups. There was no case of hepatotoxicity in Paracetamol group.

Conclusions : Our study demonstrates that the Enteral Paracetamol is as effective as Intravenous Indomethacin in the treatment of PDA in preterm newborns.

(Key words : preterm newborns, PDA, Paracetamol, Indomethacin)



**7th Annual Conference of
The IAP Chapter of Neonatology**
Meerut
31st October. 1st & 2nd November 2014

Mark the Date

Scientific POSTER Presentation
IAP Neocon, Ahmedabad - 2013

1. Breast feeding, 24% sucrose vs Placebo in procedural pain in neonates: A Randomised controlled trial. (Sheiba garg, Dr (Brig) V Chandar, Dr Alpa Gupta, Dr D.C. Dhasmana. Department of Pediatrics and Department of Pharmacology, Himalayan Institute Of Medical Sciences)
2. Variability in survival of Very Low Birth Weight neonates in hospitals of India. (Neeraj Kumar, S.Murki, Chawla D, Singhal A, Mehta A, Rao S, Bajaj N, Chowdhary G, Kadam S, Jain N, Baswaraj T, Thakre R. Representing VLBW Infant Survival in Hospital of India (VISHI) study investigators).
3. Neonatal Fungal Endocarditis - A case report. (Sugandha Singh, Rhishikesh Thakre, Anjali Kale. Dept of Pediatrics, MGM College & Hospital, Aurangabad. MS)
4. Thrombocytopenia-absent radius (TAR) syndrome. (Dr. Mittal Patel, Dr. Bela shah, Dr. Sucheta Munshi, Dr. K. M. Mehariya. B. J. Medical College, Ahmedabad)
5. Apgar- is it worth ??? A correlation study..... (Dr.Harshil Savalia, Dr.Anuya Chauhan, Dr.Gargi. Department of Paediatrics, B.J.Medical college & Civil hospital, Ahmedabad)
6. Acute Renal Failure in Neonatal Sepsis. (Dr. Ahesanali Holda, Dr. Charul Purani, Dr. K. M. Mehariya. Department of Paediatrics, B. J. Medical College, Ahmedabad)
7. Breast feeding, 24% sucrose vs Placebo in procedural pain in neonates: A Randomised controlled trial. (Sheiba garg, Dr (Brig) V Chandar, Dr Alpa Gupta, Dr D.C. Dhasmana. Department of Pediatrics and Department of Pharmacology, Himalayan Institute Of Medical Sciences).
8. To analyze the acceptability and feasibility of breast crawl as a method of early initiation of breast feeding in tertiary care hospital by qualitative research method. (Dr. Uma Nayak, Dr.Shachi Patel. Department of Pediatrics, Government Medical College, Vadodara)
9. A Case of Neonatal bilateral vocal cord palsy with Bronchopulmonary Dysplasia. (Dr Ashka M Prajapati, Dr Aasheeta S Shah, Dr Pallavi P Dagli, and Dr Halak J Vasavada).
10. A case of Congenital lobar emphysema. (Dr.Pritesh B. Patel, Dr.Khyati M. Kakkad, Dr.Vaishali J. Prajapati. Dept of paediatric SCLGH NHLMMC, Saraspur).
11. Calorie – Protein Intake In Mother- Correlation With Birth Weight of Offspring. (Dr.Anand Yelne, Dr.Harvinder Palaha,Dr.Sudha Rao. Division of Neonatology, Wadia Hospital, Mumbai).
12. Hyperinsulinemia : Uncommon Cause of Hypoglycemia in Neonates - 2 Case Reports (Persistent and Transient). (Dr. Manoj Rathi, Dr. Shripad Jahagirdar, Dr. Vaibhav Waratkar HOPE Hospital, Amravati).
13. Evaluation of The Infant Of Diabetic Mother. (Dr Nikita Tripathi. Dr. S. N. Medical college, Jodhpur).
14. Correlation of Serum Bicarbonate Level in Preterm with Short Term Outcome. (Dr.Neha Mehta, Dr. Sudha Rao, Dr.Harvinder Palaha, Dr Shivkumar Lalwani. Division of Neonatology, Wadia Hospital, Mumbai).
15. Head Growth in Infants of Diabetic mother. (Samir Deshmukh, Sudha Rao, Avinash Desai, Division of Neonatology, Department of Pediatrics, Wadia Hospital, Mumbai).

16. Observational study of comparison of HHFNC vs nasal CPAP as a primary mode of respiratory support in preterm infants with mild to moderate respiratory distress.
17. Hypermnatremic dehydration in breast fed babies- a case series. (Deeparaj Hegde, Jayashree Mondkar and Swati Manerkar. Lokmanya Tilak Municipal Medical College and Hospital, Sion, Mumbai).
18. A Comparison of National guidelines on Neonatal Jaundice. (Dr Rhishikesh Thakre, Dr PS Patil. Dept of Pediatrics, Division of Neonatology, Neo Clinic, Aurangabad. MS).
19. Knowledge and awareness of postnatal care amongst mothers. (Dr. Purvi Patel, Dr. Charul Purani, Dr. Chirag Shah, Dr. K. M. Mehariya, . Department of Pediatrics , B J Medical College, Ahmedabad).
20. Study the effect of kangaroo parental care in babies low birth weight infants. (Dr. Kinnari Vala, Dr. Deepa A. Banker, Dr. Bijal S. Shah, Dr. Hiral H. Shah).
21. Lactate profile in critically ill newborns at presentation: Predictors, severity and outcome analysis. (Surabhi Chandra, Shakal Narayan Singh).
22. Factor influencing Leave against medical advice among Newborn in government hospital Rajkot.
23. Limb splinting for iv cannula in neonates: A Randomised control trial. (Dr Neha Tiwari, Dr Shobha R Sharma, Dr B S Avasthi, Dr Nandkishor S Kabra: Surya children's Hospital, Mumbai)
24. Congenital Malaria- A Case Report. (Dr. Jay Pandya. Dr. K.M Meharia, Dr. B.J Parmar, Dr. Ami Patel B.J Medical College & Civil Hospital. Ahmedabad).
25. Study of neonatal meningitis in neonatal septicemias in a tertiary care unit. (Dr Anunaya Katiyar, Dr Deepa Banker, Dr Bijal Shah, Dr Hiral Shah. Sheth V S general hospital, Ahmedabad).
26. Does mode of delivery affect lactation practices? (Sandeep Reddy, Rhishikesh Thakre, Anjali Kale. Dept of Pediatrics, MGM College & Hospital, Aurangabad. MS).
27. Case Report: - Maple syrup urine disease. (Dr. Madhur Gupta, Dr. sunil chand, Dr. manish rasanian, Dr. Dulari Gandhi Department of pediatrics, Dhiraj Hospital, Pipariya, Gujarat)
28. Flesh eating disease (Necrotizing fasciitis) in a neonate.
29. Clinico - Etiological Profile of Neonatal Seizures. (Dr. Anjani Kumar. Department of Pediatrics, Dr. S. N. Medical College, Jodhpur).
30. Quality initiative: Implementation of “Potentially best practices” in nutrition of preterm neonates. (Praveen BK, Harpreet Sigh, Naveen Jain, Naveen Bajaj, IAP Neonatology chapter, Research and data collection committee).
31. A study of pattern of referral in neonates referred from outside at a tertiary care nicu. (Dr. Pritesh B. Patel, Dr. Khyati M Kakkad (Asso. Prof), Dr. Vaishali J Prajapati).
32. A Quality initiative (QI) of IAP neonatology chapter - to evaluate the implementation of “Potential better practices in respiratory care of very preterm babies (<32 weeks)” and effect on outcomes of various teaching units of India. (Dileep K, Misha Raju, , Dr Reenu raju, Naveen Jain, Naveen Bajaj, Manoj VC, Tony Mampilly. IAP Neonatology chapter, Research and data collection committee).
33. STUDY OF INCIDENCE AND PREDISPOSING FACTORS OF ROP. (Dr. Poorvi C. Agrawal, Dr. Darshan Doctor, Dr. Gargi H Pathak. Ahmedabad).
34. Serum Phenobarbitone Levels in Neonatal Seizures in Term and Near-Term Babies. (Sanobar Wasim 1,

IAP Neochap Bulletin

Amit Upadhyay¹, Neelam Chhillar², Monica Roy¹, Pranjali Saxena¹. 1LLRM Medical College, Meerut. 2 IHBAS, New Delhi).

35. Sensori-motor follow up of high risk neonates <32 weeks in high risk clinic. (Dr. Priyanshi Patel, Dr. Charul Purani, Dr. K.M. Mehariya. Department of Pediatrics, B.J. Medical College Ahmadabad).
36. Comparison of glucometer reading and laboratory report for diagnosis of neonatal hypoglycemia.
37. Study of Caffeine Citrate & Aminophylline in for Apnea of Prematurity (AOP). BJMC, Civil Hospital, Ahmedabad
38. Study of congenital malformations in new born babies. (Prashant B. Ram, Dr. Khyati M. Kakkad, Dr. Vaishali J. Prajapati).
39. Study of electrolyte status in newborn with hypoxic ischemic encephalopathy. (Dr Ashka M Prajapati, Dr Aasheet S Shah, Dr Pallavi P Dagli, Dr Halak J Vasavada).
40. VDRL Negative congenital syphilis- A Case Report. (RP Thakre, PS Patil. Neo Clinic, Div of Neonatology, Dept of Pediatrics, Aurangabad)
41. Study of comparison between values of serum bilirubin in lab. and bilirubin by transcutaneous bilirubinometer. (Bansal J. Lanukiya, Smt. SCL general hospital).
42. A Comparative Study Of Contact Free Infrared Thermometer And Mercury-In-Glass Thermometer In Neonatal Temperature Measurement With Special Reference To Phototherapy. (Dr. Qury Nagadia, Dr. Nisha Prajapati, Dr. Dhara Gosai, Dr. K.M. Mehariya. Dept.; Department of Paediatrics, B.J. Medical College, Ahmedabad).
43. A poster (a case report) on thanatophoric dysplasia in a pt(32-34wk) neonate
44. Vactrel association - a case report. (Dr. Ankit Chauhan, Dr. Ami Patel, Dr. Bharat Parmar, Dr. KM Mehariya. Department of pediatrics, B J Medical college, Civil Hospital, Ahmedabad).
45. Outcomes of VLBW (Birth weight <1500 grams) infants at Surya Children's Hospital, Mumbai, India. (Dr Vipul Kachhadiya, Dr Shobha R Sharma, Dr B S Avasthi, Dr Nandkishor S Kabra. Departments of Neonatology, Surya children's Hospital, Mumbai).
46. Diagnostic Radiography in NICU- Risk of Radiation Exposure. (Sachin Dhule, Sudha Rao, Palaha, Vaidehi Division of Neonatology, Department of Pediatrics, Wadia Hospital, Mumbai)



IAP Neonatology Chapter

Banking Details

Cheque or DD in favor of : IAP Neonatology Chapter, Payable at Aurangabad

Bank : Saraswat Bank, Kranti Chowk, Aurangabad 431005 (MS)

A/C No : 0902 0010 0007 290

IFSC Code : SRCB0000090

MICR Code : 431088004

**IAP NEONATOLOGY CHAPTER
COMMITTEES 2013- 2016**

Unanimous decision has been taken by the office bearers of IAP Neonatology Chapter to form different committees to manage various activities of the chapter. These committees will work for a period of four years to maintain the continuity. The members can nominate one person to chair or the chair can rotate periodically

1) Publication Committee (includes Bulletin, books, formulary etc)

Dr. Ranjan Pejaver Dr. Rhishikesh Thakre
Dr Sanjay Wazir Dr Naveen Bajaj
Dr Ashish jain Dr NS Kabra

2) Fellowship committee (excludes examination)

Dr Anjali Kulkarni Dr Sandeep Kadam
Dr Sanjay Wazir Dr Naveen bajaj
Dr Ranjan Pejaver Dr Rishikesh Thakre
Dr Arjit Mohapatra

3) Examination committee (includes question bank)

Dr Rishikesh Thakre Dr Naveen Jain
Dr Srinivas Murki Dr N S Kabra
Dr Umesh vaidya Dr Dinesh Chirla

5) Website committee

Dr.Sanjay Wazir Dr.Arun Desai
Dr. Jaikishan Mittal Dr. Rhishikesh Thakre
Dr Naveen Bajaj Dr Reeta Bora

6) Research and data collection committee

Dr Deepak Chawla Dr. Naveen Jain
Dr. Rhishikesh Thakre Dr. Srinivas Murki
Dr. Naveen Bajaj Dr Amit Upadhyay

www.iapneochap.org

**IAP Neonatology
Chapter Life membership
Application Form**

Name _____

Sex: M / F

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 Saraswat Bank, Aurangabad. (M.S.)

MAIL TO

Dr. Rhishikesh Thakre
Secretary

Neo Clinic, 27, Samarth Nagar, Aurangabad 431001.
E-mail : iapneochap@gmail.com

IAP Neonatology Chapter - Fellowship Centers - 2014


1	2008	K R Hospital, Banglore	Dr. Ranjan Pejaver	ranjanpejaver@yahoo.com
2	2008	Rainbow Children's hospital, Hyderabad	Dr. Dinesh Chirla	chirla@gmail.com
3	2008	Apollo Hospital, New Delhi	Dr. Anjali Kulkarni	kulkarnianjali@hotmail.com
4	2008	Kerala Institute of Medical Sciences, Trivandrum	Dr. Naveen Jain	naveen_19572@hotmail.com
5	2008	Fernandez Hospital Pvt Ltd, Hyderabad	Dr. Pramod Reddy	prathima08@rediffmail.com
6	2008	Seth GSMC, KEMH, Mumbai	Dr. Ruchi Nanavati	drruchinanavati@gmail.com
7	2008	Neo Clinic, Aurangabad	Dr. Rhishikesh Thakre	rhishikeshthakre@hotmail.com
8	2008	N J Wadia Hospital, Mumbai	Dr. Praful Shanbag	prafulshanbhag@gmail.com
9	2009	KEMH and research center, Pune	Dr. Umesh Vaidya	kemnicu@gmail.com
10	2009	HM Patel center for Medical care & education, Karamsad	Dr. Somashekhar Nimbalkar	somu_somu@yahoo.com
11	2009	Nirmal Hospital Pvt limited, Surat	Dr. Nirmal Choraria	nirmal_choraria@yahoo.com
12	2009	B J Wadia hospital for Children, Mumbai	Dr. Sudha Rao	c_sudha@hotmail.com
13	2009	KEMH and Seth GSMC	Dr. Ruchi Nanavati	ruchinanavati@yahoo.com
14	2010	Kokilaben Dhirubhai Ambani Hospital, Mumbai	Dr. Vinay Joshi	vinay.hk.joshi@relianceada.com
15	2010	Tata Motors Hospital, Jamshedpur	Dr. Rajiv Sharan	rajivsharan@tatamotors.com
16	2010	Government Medical College hospital, Chandigarh	Dr. Deepak Chawla	drdeepakchawla@hotmail.com
17	2010	Bharati Vidyapeeth University college, Pune	Dr. Sanjay lalwani	sanjaylalwani2007@rediffmail.com
18	2010	PVS Memorial hospital Ltd, Cochin	Dr. Tonny Mampilly	drtonnymampilly@yahoo.co.in
19	2010	Vijay Marie hospital and educational society, Hyderabad	Dr. Baswaraj T	baswarajt@gmail.com
20	2010	Manipal multispecialty hospital, Banglore	Dr. N Karthik Nagesh	karthik.nagesh@manipalhealth.com
21	2010	LTMMC and Sion Mun Hospital, Mumbai	Dr. Jayashree Mondkar	jayashreemondkar@gmail.com
22	2011	Lotus Children's Hospital, Hyderabad	Dr. V S V Prasad	vsvprasad@pol.net
23	2011	Surya Children's Hospital, Mumbai	Dr. N S Kabra	nskabra@gmail.com
24	2011	Chaitanya Hospital, Chandigarh	Dr. Anil Narang	anilnarang209@gmail.com
25	2012	Deep Nurshing Home, Ludhiana	Dr. Naveen Bajaj	bajajneo@yahoo.com
26	2012	Pushpa Giri Instirute of Medical Sciences & Research Centre	Dr. Jacob Abraham	drjacobabraham@gmail.com
27	2012	Fortis Escorts Hospital, Faridabad	LEFT	
28	2012	Satguru Pratap Singh Apollo Hospital	LEFT	
29	2012	CRAFT	Dr. Majeed A	drashraf3@hotmail.com

IAP Neochap Bulletin

30	2012	Ratna Memorial, Pune	Dr. Sandeep Kadam	drsandeepkadam@yahoo.com
31	2012	Jubilee Mission Medical college Hospital, Thrissur	Dr. V.C. Manoj	manojvaranattu@gmail.com
32	2012	Hope Hospital, Amravati	Dr. Manoj Rathi	dr_manojr@yahoo.com, drmanoj@gmail.com
33	2012	LLRM Medical college, Meerut	Dr. Amit Upadhyay	au.llrm@gmail.com
34	2012	Lakshmi Hospital, Cochin	Dr. Pramod Wariyar T R	pramod_wariyar@yahoo.com
35	2012	Arpan Newborn Centre, Ahmedabad	Dr. Ashish Mehta	baby@arpannewborncare.com
36	2012	Cradle, Gurgaon	Dr. Sanjay Wazir	swazir@gamil.com
37	2012	Hindu Rao Hospital, Delhi	Dr. Ashish Jain	drashishjain2000@yahoo.com
38	2012	Fortis La femme, Delhi	Dr Ashu Sawhney	dr.ashusawhney@gmail.com
39	2012	Rani Hospital, Ranchi	Dr. Rajesh Kumar	drrajeshkumar@rediffmail.com, drrajeshranihospital@gamil.com
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41	2013	Jagannath Hospital, Bhuvaneshwar	Dr Arjit Mohapatra	arjitm@yahoo.com
42	2013	Ramchandra Medical College, Chennai	Dr Binu Ninan	scopesrmc@gmail.com
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IAP Neonatology Chapter, Symposium : Pedicon 2014 - Indore

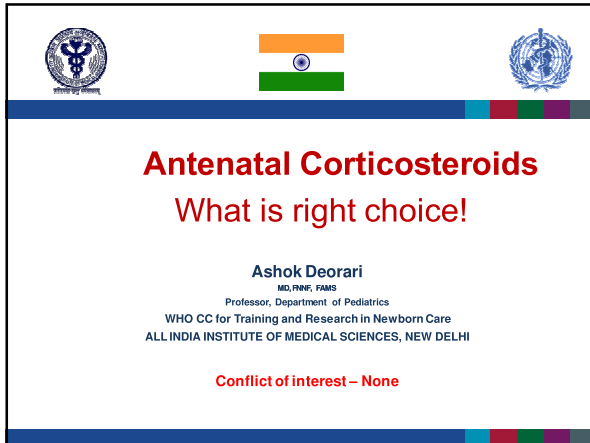
Date	IAP Chapter Symposium	Chairpersons
Friday, January 10, 2014	Neonatology	Dr. Sailesh Gupta
Time: 09.00 – 10.30 hours 	Guest Lecture: 1. NRP Update : Dr Shikhar Jain 2. What is new in surfactant ? : Dr. Ranjan Kumar Pejaver Panel Discussion : Neonatology In Office Practice Moderator : Dr Rhishikesh Thakre Panelists: Dr Rajesh Kumar, Dr Jaikishan Mittal, Dr VC Manoj, Dr Rajeev Thapar	

IAP Neocon - 2013
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Antenatal Corticosteroids What is right choice!



Antenatal Corticosteroids
What is right choice!

Ashok Deorari
MD, FRCF, FAMS
Professor, Department of Pediatrics
WHO CC for Training and Research in Newborn Care
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

Conflict of interest – None

The man behind the landmark discovery



Sir Graham Liggins (1926-2010)
Pioneered research in corticosteroids using preterm lambs
Along with colleague Ross Howie – Auckland, New Zealand

How do antenatal steroids work?

- Structural**
 - Maturation of parenchyma and airspace lining cells
 - Condensation and narrowing of saccular septae
- Functional**
 - Increases lipid and surfactant associated proteins A,B,C & D
 - Induces key enzymes needed for surfactant synthesis
- Biochemical**
 - Accelerate development of antioxidants (SOD, GPX)
 - Maturation of ENaC and Na K ATPase – clearance of lung fluid

What we already know?

Cochrane review of 21 studies (3885 women and 4269 infants)

Reduction in

- Neonatal death RR 0.69 (0.58 - 0.81)
- RDS RR 0.66 (0.59 - 0.73)
- Cerebro ventricular hemorrhage RR 0.54 (0.43 to 0.69)
- Necrotizing enterocolitis RR 0.46 (0.29 to 0.74)
- Respiratory support, intensive care admissions RR 0.80 (0.65 to 0.99)
- Systemic infections in the first 48 hours of life RR 0.56 (0.38 to 0.85)

Roberts and Dalziel, Cochrane review 2006

Clinical impacts of ANCS

A complete course of four doses

- 34% reduction in respiratory distress syndrome(RDS)
- 46% reduction in Intra ventricular Hemorrhage(IVH)
- 54% reduction in Necrotizing Enterocolitis(NEC)
- 31% reduction in deaths

NIH recommendations 1994

All fetuses between 24 and 34 weeks gestation are candidates for glucocorticoid treatment

Decision regarding antenatal glucocorticoid treatment should not be altered by fetal race, sex or availability of steroid

Glucocorticoid should be given even if delivery is anticipated in less than 24 hours

Recommend 2 doses of Betamethasone 12 mg IM 24 hours apart or 4 doses of 6 mg Dexamethasone IM 12 hours apart

Should we use multiple courses?

For

In animals, repeat doses of prenatal betamethasone have a dose-dependent benefit for lung function,

Against

Adverse effects on

- lung development
- skeletal growth
- hypothalamic-pituitary-adrenal function
- Neuronal myelination

Study	Population	Interventi on	Primary outcome	Results
ACTORDS Caroline A Crowther 2006 (Australia)	<32 weeks at risk of preterm birth, 7 or more days of receiving ANS N=982 women	Repeat dose of steroids every 7 days till 32 weeks gestation	Frequency of RDS Severity of RDS Weight, length, HC at discharge	Multiple course: Less RDS (33% vs 47%; RR 0.82, 95% CI 0.71-0.95, Less Severe lung disease (12% vs 20%; RR 0.60, 95% CI 0.46-0.79, p=0.0003) Z-scores for weight (p=0.04) and HC (p=0.03) at birth were lower although at the time of hospital discharge Z-scores did not differ
ACTORDS 2 yr Fup 2007	1047 (96.5% follow up rate) (521 repeat & 526 to placebo)	Same-	Survival free of major disability	Survival free of disability similar (84.4% and 81.0%, RR-1.04, 95% CI -0.98 to 1.10; P = 0.20). No dif in body size or blood pressure, Repeat dose - more attention problems (P = 0.04)
MACS Group Kellie Murphy, Canada 2008	25-32 wks Remained undelivered 14-21 days after an initial ANS continued to be at high risk of preterm birth	Multiple dose (n=937) Placebo (n=921), every 14 days until 33 wks 1858 women	Composite of perinatal or neonatal mortality, RDS, IVH (gr III or IV), IVH, BPD, NEC	Multiple courses group: mortality and morbidity similar (150 [12.9%] vs 143 [12.5%]). Birth wt., length and HC -less at birth
MACS follow up data 2010			Death or neurologic impairment at 18 to 24 months of age	Same outcome 13.8% vs 13.7%; Weight was less (11.94 vs 12.1 kg) with repeat courses

Should we use multiple courses?

Currently not recommended

18% reduction in RDS

Anthropometric parameters worse at birth, one study even found lesser growth at follow up

ADHD and behavioral problems at follow up

Mazumdar P, Dutta S, Kaur J, Narang A. Single versus multiple courses of antenatal betamethasone and neonatal outcome: A randomized trial. Indian Pediatrics 2008; 45: 661-667

Hot from Press -MACS 5

Cohort F up study at 5yrs , 55 centers International Trial -1724 women , 2141 children

Primary Objective-Death or Neuro motor disability

Secondary Objective-Growth

No difference

Death or Disability 24.9% vs 24.8% OR 1.02(0.81-1.2)

But 1/3 born of these born at term had significant higher death and neurosensory problems - Actually harmed

Which is better - Beta or Dexa?

Formulation	Dose	Route	Comments
Betamethasone acetate (6 mg) & Betamethasone sodium phosphate (6 mg)	12 mg, 2 doses, 24 hours apart	IM	Betamethasone sodium phosphate is soluble ester rapidly absorbed - short biological half life of 36-72 hours whereas acetate slowly soluble and provides sustained action
Dexamethasone sodium phosphate	6 mg 4 doses, 12 hr apart	IM	Acetate not part of suspension, short biological half life 36-72 hours

Both salts are identical except in the configuration of methyl group in C-16 position
Both have similar ability to cross placenta in their active form and similar efficacy.

Which is better - Beta or Dexa?

Betamethasone- Relative merits

Neurotoxicity feared with sulfite preservative in dexa - led to PVL (Baud NEJM 1999)

Widely tested in clinical trials - more than 30 years

Personally preferred by experts (Dr Alan Jobe)

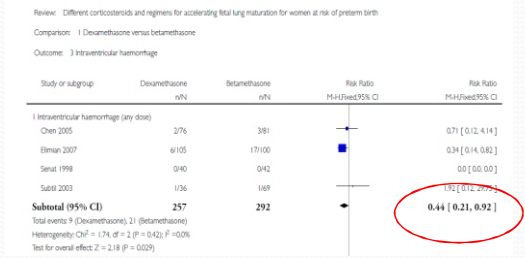
Dexamethasone - relative merits

Widely available

Cheaper - developing countries

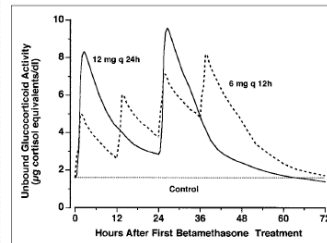
IVH lesser by 56% compared to beta (but results were driven by a single trial (BETACODE Elimian 2007)

Which is better - Beta or Dexa?



No difference in the other outcomes
Brownfoot FC, Updated Cochrane 2013

The Indian Scenario



The salt available in India is pure betamethasone sodium phosphate (12 mg), containing NO acetate
Comparison of 12 mg beta acetate/ phosphate 24 Hrly vs beta (pure) 6 mg 12 Hrly
Smaller peak levels

[Phillips Ballard Neo Reviews 2000](#)

National Operational Guidelines

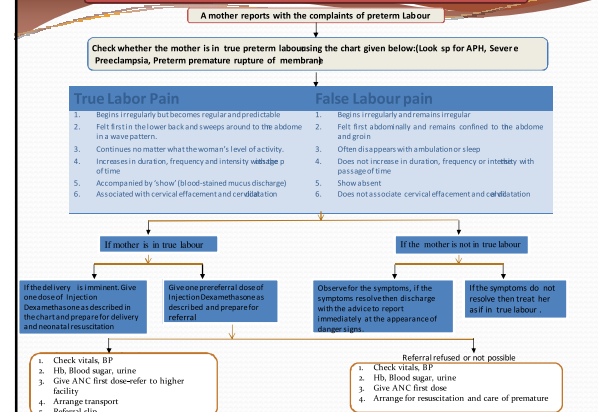
ANMs & Nurses will be empowered to give before referral
Women 24 -34 weeks Gestation Age

FOUR conditions

1. Antepartum hemorrhage
2. Premature Preterm ROM
3. Eminent eclampsia
4. True labor

Drug to be used IM Dexamethasone 6 mg q 12 hourly four times ; single course

STEPS FOR ANTENATAL CORTICOSTEROID ADMINISTRATION (24-34 WKS GA)



Good dividends of ANCS possible

- Working together with Obstetricians
- Better delivery room practices by Pediatricians
- Create awareness among peers
- 1 Surfactant & ANCS use have additive effect
- 2 Quality of surfactant produced is better resistant to de-naturation proteins
- 3 Need of ventilator support is less
- Working health systems with Level II care , CPAP

We need well-functioning Perinatal services for saving premature – in house births



Nursing personnel, infrastructure, basic supplies, equipment back up

Everyone has role to play for improving
Lives of Premature Baby
Let us do our Best !

7th Annual Conference of the IAP Chapter of Neonatology

Dates 31st Oct to 2nd Nov, 2014, MEERUT



HOSTS

Department of Pediatrics,
LLRM Medical College, Meerut

IAP Meerut Branch & IAP Neonatology Chapter

Key Topics:

1. OPD neonatology
2. Neonatal neurology
3. Neonatal nutrition
4. Neonatal cardiology
5. Neonatal transport
6. Research priorities

Workshops

1. Ventilation
2. Non ventilation, ICU care
3. Research methodology
4. Perinatology
5. SNCU training of government doctors and nurses
6. Imaging in neonatology: XRay, USG, Functional ECHO
7. Preparing for exams: theory, case presentations and OSCE

HIGHLIGHTS

- First prize for best research paper by MD student, Rs. 5,000/- and runners up Rs 3,000/-
- First prize for best research paper by DM student, Rs 7,000/- and runners up Rs 3,000/-
- Prize for publication in neonatology/ perinatology in highest impact factor journal: Rs 5000/-
- Prize for maximum sum total of impact factor publications in neonatology/ perinatology : Rs. 7000/-
- Prize for UNIT/ department with maximum publications in neonatology in last 2 years a) MD only Rs 5000/- B) DM program: Rs 6000/-

REGISTRATION

EARLY BIRD: Rs 2000/ (Rs 1500/ for PG/fellows) till 1st March 2014

Dr Amit Upadhyay - 09837405009

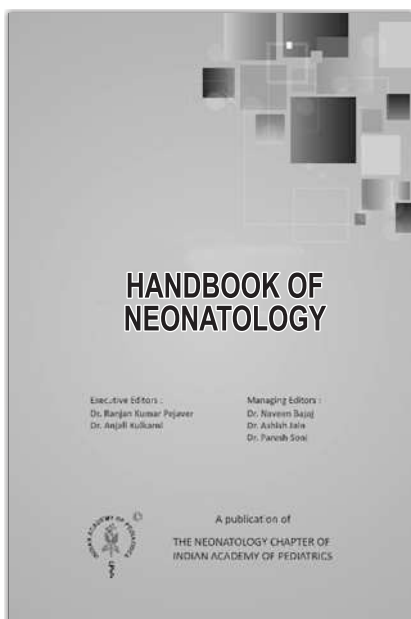
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❖ MARK THE DATES ❖

10th Jan 2014

IAP Neonatology Chapter - Symposium, Indore Pedicon

17th to 19th Jan 2014

IAP Neonatology Fellowship Exams, KEM Hospital, Pune

31st October - 2nd November 2014

IAP Neocon, Meerut

BEST WISHES

Happy New Year

2014

BEST WISHES

Happy New Year

2014