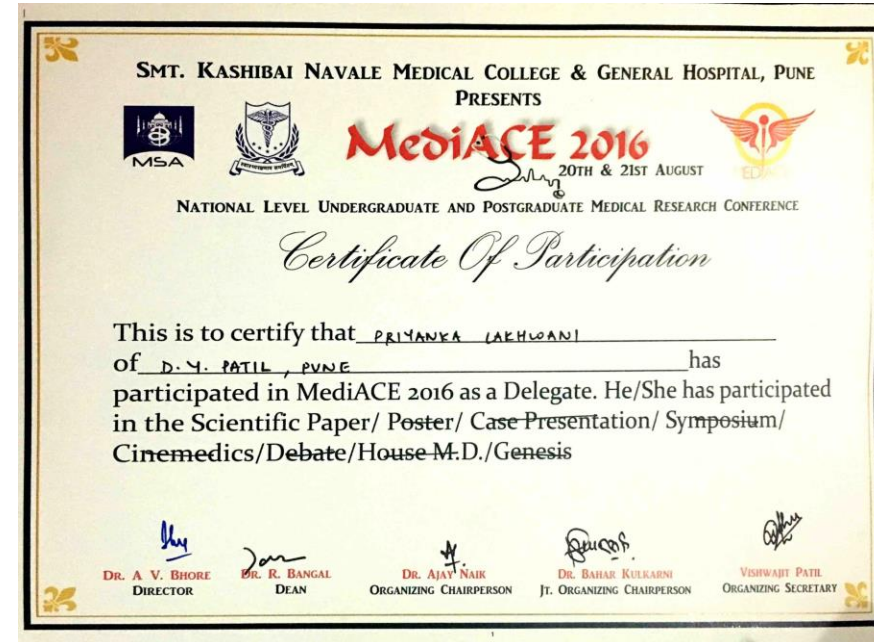
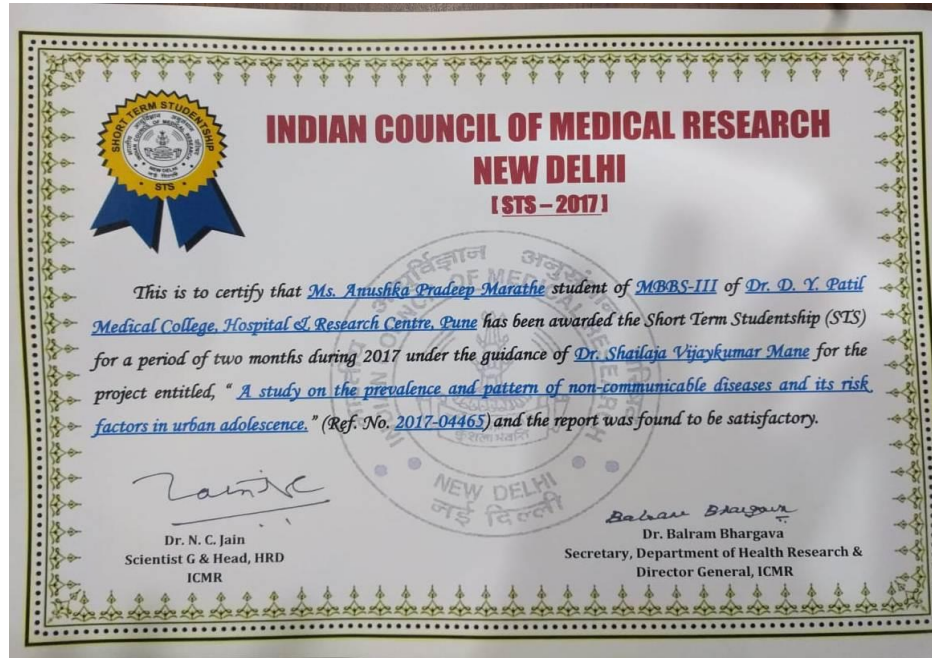


# RESEARCH Conferences & PUBLICATIONS

# INDIAN COUNCIL OF MEDICAL RESEARCH (ICMR) STS RESEARCH STUDY



MISS PRIYANKA LAKHWANI

WAS AWARDED SHORT TERM STUDENTSHIP UNDER THE GUIDANCE OF  
DR. SHAILAJA MANE for the project

**"A STUDY ON THE PREVALANCE AND PATTERN OF NON COMMUNICABLE DISEASES AND ITS RISK FACTORS IN URBAN ADOLESCENCE"**

3<sup>RD</sup> INTERNATIONAL CONGRESS EUROPEAN  
MILK BANK ASSOCIATION{EMBA}  
HUMAN MILK FOR PRETERM INFANT FEEDING  
LYON,FRANCE



Certificate of Attendance

This is to certify that

**SHAILAJA MANE**

as presented a poster titled:

**EXPERIENCE OF HUMAN MILK BANKING IN A MEDICAL COLLEGE  
HOSPITAL IN WESTERN INDIA**

Lyon, France, 8<sup>th</sup> & 9<sup>th</sup> october 2015

Gillian Weaver

EMBA  
President

Jean-Charles Picaut

EMBA  
Local Coordinator

Giuseppe Agosta

The Organising  
Secretariat



ORGANISING SECRETARIAT

Biomedica srl - Via L. Temolo 4 - 20126 Milan, Italy - Tel. 0039 0245406262 - Fax 0039 0245406199 - <http://europeanmilkbanking.com>



# 14<sup>TH</sup> INTERNATIONAL BREASTFEEDING AND LACTATION SYMPOSIUM

Presented By

Dr. Shailaja Mane



## 14<sup>th</sup> International Breastfeeding and Lactation Symposium

4-5 April 2019, London England

We herewith confirm the presentation of the poster:

"Five years of experience in Human Milk Banking for a Private Medical College and Hospital in Western India"

Presented by:

Dr. Shailaja Mane

Co-authors: Dr.Sudhir Malwade, Dr. Sharad Agarkhedkar

4-5 April 2019,  
London, England

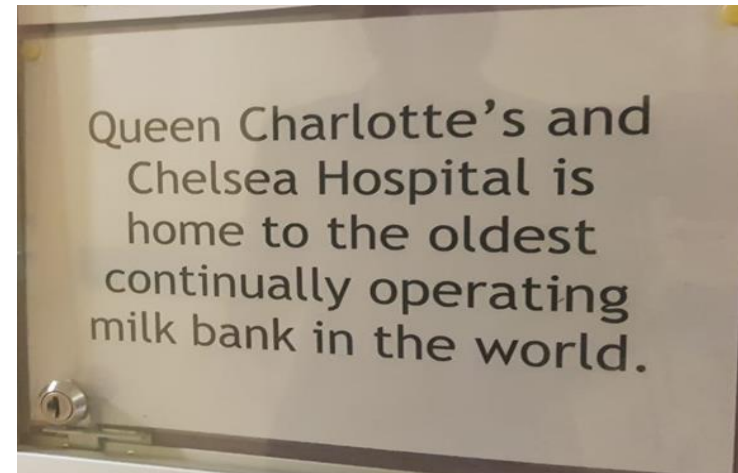
Leon Mitoulas

Dr. Leon Mitoulas

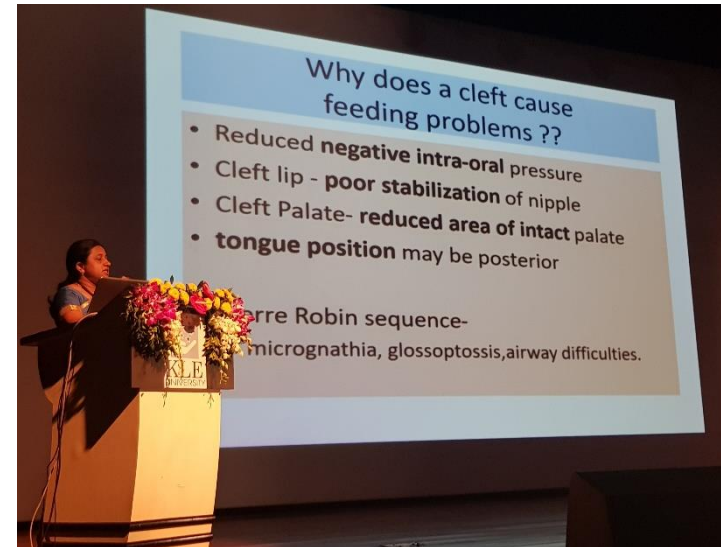




Visit To **Queen Charlotte's & Chelsea Hospital** (London)  
Home To Oldest Continually  
Operating Milk Bank In The  
World



# 8<sup>TH</sup> ANNUAL NATIONAL CONFERENCE OF IYCF & 4<sup>TH</sup> NATIONAL CONFERENCE OF HUMAN MILK BANKING ASSOCIATION



Talk on :  
Breast feeding  
in Special  
Situations





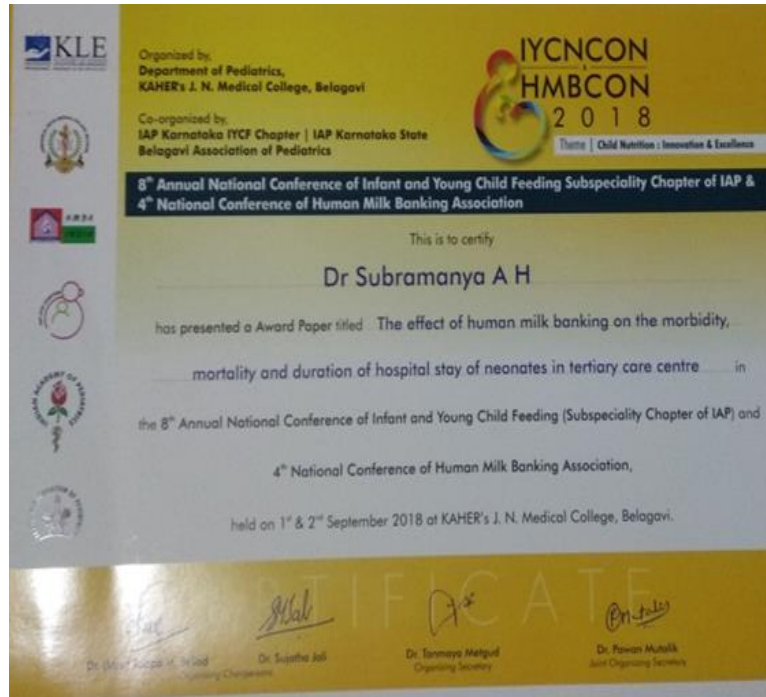
# 8<sup>TH</sup> ANNUAL NATIONAL CONFERENCE OF IYCF & 4<sup>TH</sup> NATIONAL CONFERENCE OF HUMAN MILK BANKING ASSOCIATION



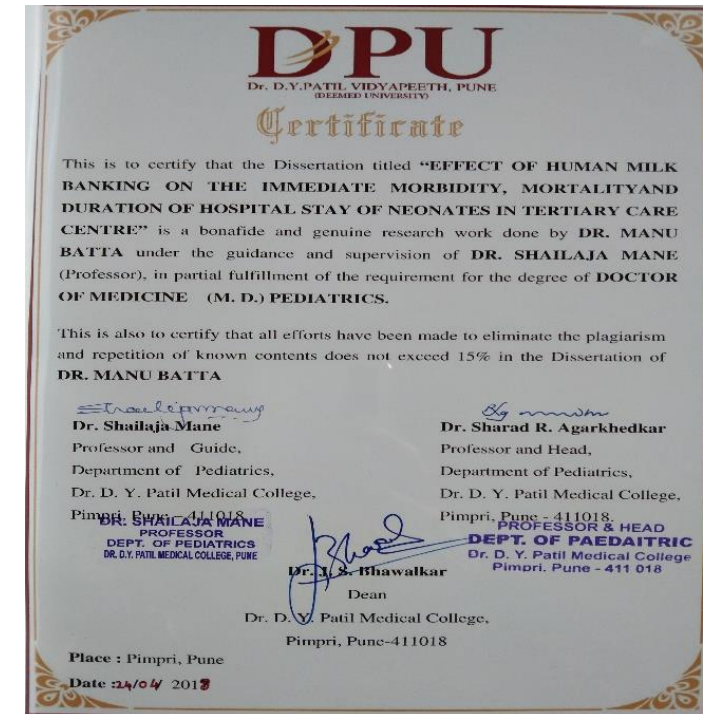
Faculty:  
Workshop on  
Human Milk  
Banking



# NATIONAL CONFERENCE OF INFANT AND YOUNG CHILD FEEDING (IYNCON) NATIONAL CONFERENCE OF HUMAN MILK BANKING ASSOCIATION (HMBCON)



Dr. Subramanya A H presented oral paper in 5<sup>th</sup> Annual National Conference Infant and Young Child Feeding, Subchapter of Indian Academy of Pediatrics (IYNCON) and 4<sup>th</sup> National Conference of Human Milk Banking Association (HMBCON) on 1<sup>st</sup> & 2<sup>nd</sup> in Sept. 2018 in Belagavi.



Dr. Manu Batta : Doctor Of Medicine (M. D.) Pediatrics (2015-2018)

**“The Effect Of Human Milk Banking On The Immediate Morbidity, Mortality and Duration Of Hospital Stay Of Neonates In Tertiary Care Centre”**





- Date:- 17<sup>th</sup>-18<sup>th</sup> 2019
- Workshop on ethical guidance for biomedical research.

Lactacon 2018 Foundation for life Conference in association with Indian Academy of Paediatrics at 12<sup>th</sup> Aug 2018, Sheraton Grand, Pune.



## World Breastfeeding Week 2014



**Breastfeeding:**  
*A Winning Goal for Life!*

### *Certificate of Achievement*

*as the*  
**“Best Individual”**

*is presented to*

**Dr. Geeta Rajender Karambelkar**  
Pune, Maharashtra

*for the contribution towards*  
*World Breastfeeding Week 2014*

Dr. Arun Gupta, MD, FIAP  
Central Coordinator, BPNI

Dr. J.P. Dadhich, MD, FNNF  
National Coordinator, BPNI



**Breastfeeding Promotion Network of India (BPNI)**

BP-33, Pitampura, Delhi-110034. Tel: +91-11-27343608. Email: [bpni@bpni.org](mailto:bpni@bpni.org) Website: [www.bpni.org](http://www.bpni.org)

*Certificate Of Achievement*  
*By*  
**BPNI**

*Presented to*  
**Dr. Geeta Rajender Karambelkar**



# Ongoing study

## STUDY OF STEM CELLS IN HUMAN MILK

Synopsis for Dissertation Topic submitted for the  
Degree of MD (Paediatrics)

( May 2019- June 2022 )

### Study of Stem cells in Human milk

Dr. MADALA JYOTHSNA SREE  
(PG Student)

Under the guidance of

Dr. Mrs. SHAILAJA MANE  
(Professor )  
Department of Pediatrics

DR. D. Y. PATIL MEDICAL COLLEGE HOSPITAL AND RESEARCH  
CENTRE, PIMPRI, PUNE.18

DR. D.Y.PATIL VIDYAPEETH (DEEMED UNIVERSITY),PIMPRI,PUNE.18

Dr. MADALA JYOTHSNA SREE  
(Pg. Student)  
Under The Guidance Of  
*Dr. Mrs. Shailaja Mane*  
(professor  
Department Of Pediatrics)

**DPU** Dr. D. Y. Patil Medical College  
Hospital & Research Centre  
Pimpri, Pune -411018  
(Re-accredited by NAAC with CGPA of 3.62 on a four point scale at A Grade)

**INSTITUTIONAL ETHICS SUB-COMMITTEE**

Ref. No.: I.E.S.C. / 155/2019 Date: 11/09/2019

**CERTIFICATE**

This is to certify that the Synopsis (Research Protocol No. IESC/PGS/2019/32) titled  
"Study of Stem cells in Human Milk"(Subject to approval of ICSCR which is recognized by  
ICMR)" to be done by Dr. Madala Jyothsna Sree under the guidance of Dr. Shailaja Mane  
Department of Pediatrics ethically approved.

The synopsis was approved by the Institutional Ethics Sub-Committee in its meeting  
held on 04/09/2019.

Dr. N. R. Gandham  
Member Secretary  
Institutional Ethics Sub-Committee

Dr. A. L. Kakrani  
Chairman  
Institutional Ethics Sub-Committee



Dr. D.Y. PATIL VIDYAPEETH, PUNE  
(DEEMED UNIVERSITY)

Synopsis for Dissertation Topic submitted for the  
Degree of MD (Paediatrics)

(May 2019- May 2022)

**“ TO ANALYSE MACRONUTRIENT COMPOSITION OF BREAST MILK  
IN MOTHERS DELIVERING PRETERM AND TERM BABIES”**

Dr. SATVIKA TANEJA  
(PG Student)

Under the guidance of

Dr. Mrs. SHAILAJA MANE  
(Professor)  
Department of Pediatrics

DR. D. Y. PATIL MEDICAL COLLEGE HOSPITAL AND RESEARCH  
CENTRE, PIMPRI, PUNE.18

DR. D.Y.PATIL VIDYAPEETH (DEEMED UNIVERSITY)

Ongoing study  
**“ TO ANALYSE MACRONUTRIENT  
COMPOSITION OF BREAST MILK IN  
MOTHERS DELIVERING PRETEM  
AND TERM BABIES”**

by  
**Dr. SATVIKA TANEJA**  
(pg. student)  
under the guidance of  
**Dr. SHAILAJA MANE**  
(professor, department of pediatrics)

 **Dr. D. Y. Patil Medical College  
Hospital & Research Centre**  
Pimpri, Pune -411018  
(Re-accredited by NAAC with CGPA of 3.62 on a four point scale at A Grade)

**INSTITUTIONAL ETHICS SUB-COMMITTEE**

Ref. No.: I.E.S.C. / 156/2019 Date: 11/09/2019

**CERTIFICATE**

This is to certify that the Synopsis (Research Protocol No. IESC/PGS/2019/33) titled  
“Macronutrient Composition of Breast Milk in Mothers Delivering Preterm and Term  
Babies.” to be done by **Dr. Satvika Taneja** under the guidance of **Dr. Shailaja Mane**  
Department of **Pediatrics** is ethically approved.

The synopsis was approved by the Institutional Ethics Sub-Committee in its meeting  
held on 04/09/2019.

  
**Dr. N. R. Gandham**  
Member Secretary  
Institutional Ethics Sub-Committee



  
**Dr. A. L. Kakrauli**  
Chairman  
Institutional Ethics Sub-Committee



A Study On  
**“Importance Of Human Milk Bank Among The Preterm/Low Birth Weight Neonates  
Admitted In Neonatal Intensive Care Unit Of Tertiary Level Hospital”**

Submitted To

Symbiosis Center Of Health Care  
Symbiosis Deemed University

By

**Miss Rashmi Kharel**

(2017-2018)

Microbiology Dept.

A  
PROJECT REPORT  
ON

“A study on importance of human milk bank among preterm /low  
birth weight neonates admitted in neonatal intensive care unit of  
tertiary level hospital”.

SUBMITTED TO  
SYMBIOSIS CENTRE OF HEALTH CARE  
SYMBIOSIS DEEMED UNIVERSITY

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE POST GRADUATE DIPLOMA IN CLINICAL RESEARCH

BY  
MISS RASHMI KHAREL  
ROLL NO: 17300048  
(2017-2018)

Ref. No: 1005/SCHC/2018 Date: 20/01/2018

To

MS. Rashmi kharel

• (Roll No: 17300048)

Subject: Approval for project report on : Importance of Human milk bank among  
preterm neonates admitted in NICU of tertiary care hospital pune.

Dear MS. Rashmi kharel,

Thank you for sending your proposed Project Proposal. It has been approved. Please commence your project  
work as soon as possible and attach this project approval letter along with the final dissertation/project  
report. The last date for submission of the Project Report is 1<sup>st</sup> March, 2018.

Thanking you.

Yours sincerely,

Col.(Dr.) Sanjiv Agrawal (Retd.)  
Head- Academics  
Symbiosis Centre of Health Care  
S. B. Road, Pune 411004, India  
Tel: +91-20-25655023  
Web: [www.schcpune.org](http://www.schcpune.org)

**Training of Health Professionals in Breast Feeding, Complementary Feeding (IYCF)- Infant Young Child Feeding**



**Medical Science**  
KEYWORDS:

**Dr Pramila G Menon** Associate Professor and Head, Department of Genetics, Immunology, Biochemistry and Nutrition, Maharashtra University of Health Sciences, Pune Regional Centre, Aundh, Maharashtra -411027

**Introduction**  
More than 60 million children under 5 are stunted in India, comprising almost half the children in this age group. They represent an estimated one third of stunted children worldwide (1). Even in Maharashtra, the wealthiest state in India, 39 per cent of children under age 2 were stunted in 2005-2006. But by 2012, according to a statewide nutrition survey, the prevalence of stunting had dropped to 23 per cent (2). Globally, an estimated 1.4 million child deaths and 10% of disease burden could be prevented each year with improved BF practices (3). Sub-optimal infant and young child feeding (IYCF) practices is the important cause of high under nutrition rates. Exclusive breastfeeding for the first six months is low (8-17%) in many countries. Evidence based on complementary feeding needs to be strengthened. We need to reinforce that program and policy actions to improve IYCF (4). We have recognized both the short and long term benefits of improved infant and young child feeding (IYCF) practices for last 20 years but still our breastfeeding practices are not improved and stunting remains at 40%. The global rate of exclusive breastfeeding remains low and is not improving in India. With complementary feeding and maternal nutrition is given less importance. With other priorities in technologies, good IYCF policy is often under estimated. To improve child survival, growth and development we need quality and appropriate IYCF practices.

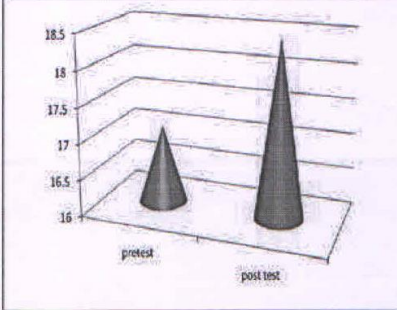
Our improved understanding of first 1000 days, most critical period of development during the in early life is making us to change IYCF policy to focus on first 2 years. Evidence from 54 low- and middle-income countries indicates that growth faltering on average begins during pregnancy and continues to about 24 months of age which is irreversible (5). We must have a life-cycle approach which includes first 1,000 days, most crucial time for children to meet nutritional requirements including the period of pregnancy and ending with the child's second birthday. Now we have more evidence that emphasis on policies and programmes that support action before the age of 2 years, especially on maternal nutrition and health and appropriate infant and young child feeding and care practices are needed. Hence IYCF policy is the need of hour. The objectives included to increase awareness of the importance of IYCF, share experiences, challenges and lessons-learned in IYCF, to disseminate IYCF policies and capacity development tools to prevent SAM and assist in the development of action plans. The aim of the workshop was to update on the latest developments in IYCF to prevent SAM, to understand some of the practical aspects of delivering IYCF interventions in different contexts and to develop action plans for IYCF capacity strengthening

**Methods and material:**  
The three days workshop on IYCF (Infant and Young Child Feeding) started with pretest (Annexure enclosed). This was organized by Department of GIBN, MUHS Regional Centre Pune, on 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> February 2013 at Pune. The faculty included members from BPNI Maharashtra, namely Dr. Prashant S. Gangal, Dr. Sarita S. Bhagwat, Mrs. Madhavi Gokhale and Dr. Pramila G. Menon, GIBN, MUHS Pune. The workshop was attended by 28 Participants from different government medical colleges and Nutritionists from Maharashtra. The participants profile was 12 from Community Medicine, 12 from Pediatrics and 4 Nutritionists. The session started with discussion on existing statistics on child mortality, its causes and relation to malnutrition and data on Preventive intervention to reduce deaths in under 5 age group in Maharashtra and the world was discussed. An exercise

was carried out by the participants to know what they thought that were their current IYCF policy in terms of programming, organizational infrastructure and most significant gaps. This was followed by a participatory gap analysis on IYCF training and practices in their respective organization. The results of this exercise were then used throughout discussions. The scenario in Maharashtra was discussed in detail with respect to initiation of breast feed within 1 hour, exclusive breast feeding for first 6 months, appropriate complimentary feeds between 6 to 9 months and malnutrition in zero to 3 age groups in Maharashtra since 1998. This was followed by detailed discussion by all faculty on the recommended IYCF practices with emphasis on advantages of breast feeding for the baby and the mother, breastfeeding initiation, positioning, exclusive breastfeeding for first 6 months, working mothers and breast feeding problems and solutions, myths related to BF and bottle feeding, complementary feeding. They were also given information on HIV positive mother and breast feeding, feeding of low birth weight babies and problems of working mothers. A role play was also carried out to explain practices for social advocacy and dummy practice was done as pre-delivery counseling. The session helped in clearing a number of myths related to breast feeding and complementary feeding practices. Counseling skills were taught through role play, anganwadi and hospital visits. The whole activity proved to be fairly enjoyable and satisfying. Practical experience helped in understanding the skills. There was healthy and fruitful discussions and an extremely interactive session

**Results :** Participants agreed that still we need to do a lot in IYCF. Many participants wanted to contribute as trainers while some wanted to start this type of training for their students. Workshop Outputs were in the form of the participants' action plans. The participants felt IYCF curriculum is differently realistic (82%) as it brings the live situation to the force and imparts problem based learning with skills building with hands on training. They felt sufficient time (75%) There was suggestions to include audio visual aids and to include IYCF in the curriculum. They like counseling sessions (75%). They were satisfied with trainers and liked interactive method of teaching.

**Table 1 : Pretest and post test results of IYCF Training**



**Discussion :** Globally, the rate of exclusive breastfeeding has improved very little since 1990 and remains below 40% in many developing countries. Percentages of health workers

# Training Of Health Professionals In Breast Feeding, Complementary Feeding(IYCF)-infant Young Child Feeding

by

**DR. PRAMILA G MENON**

(Associate Professor & Head, Department Of Genetics ,Immunology, Biochemistry & Nutrition, Maharashtra University Of Health Science ,Pune Regional Center ,Aundh ,Maharashtra )



Ref.No.DYPV/CON/679/2016

Date : 27/03/2016

To,

Dr. Shailaja Mane  
Paediatrician, HOD  
Dr. D.Y. Patil Hospital,  
Pimpri.

Subject: - Permission to conduct a study for dissertation.

Respected Sir/Madam,

Mrs. Sangeeta Ghuge, Final Year M.Sc. Nursing student of Dr. D. Y. Patil College of Nursing, Dr.D.Y.Patil Vidyapeeth, Pimpri, Pune-18, in partial fulfillment of M.Sc Nursing degree, has selected the topic mentioned below for the research dissertation to be submitted to the Dr. D.Y Patil Vidyapeeth, Pimpri, Pune-18. She needs to conduct a research among post natal mothers admitted in your hospital

**TOPIC-** A study to assess knowledge and attitude regarding donating milk to the human milk bank among post natal mothers of selected hospitals.

She is in need of your esteemed help and cooperation to conduct a study for dissertation.

Thanking you.

Permitted

Dr. SHAILAJA MANE  
PROFESSOR  
DEPT OF PAEDIATRICS  
Dr. D.Y.PATIL MEDICAL COLLEGE  
& HOSPITAL PIMPRI, PUNE-18.

Yours Faithfully,

Dr. (Mrs.) Khurshid Jamadar  
Principal  
PRINCIPAL  
Dr. D.Y.Patil College of Nursing  
Pimpri, Pune - 411 018

## STUDY TO

“ASSESS KNOWLEDGE AND ATTITUDE REGARDING DONATING MILK TO THE HUMAN MILK BANK AMONG POST NATAL MOTHERS OF SELECTED HOSPITALS”

By M.Sc. Nursing



Study of Breast Feeding Pattern in a Tertiary Care Hospital.

Maya Borle (Patil)\*, Vineeta Pande, SR Agarkhedkar, and (Brig) Amarjit Singh.

Department of Pediatrics, DY Patil Medical College and Hospital, Pune, Maharashtra, India.

ABSTRACT

We conducted a cross sectional observational study in a tertiary care hospital. We studied the breast feeding pattern and knowledge of mother about breastfeeding. 160 mothers were included in the study. This study was designed to determine breastfeeding practices, knowledge and associated socio-demographic factors of mothers attending immunization OPD, in those mothers who delivered in that tertiary care hospital. It was found that early initiation of breastfeeding, avoidance of prelacteal feeds, exclusive breastfeeding were more prevalent in educated mothers. To determine breastfeeding practices and knowledge of mothers, attending immunization OPD in paediatrics, in those mothers who delivered in that tertiary care hospital. To determine impact of education, parity, type of family on breastfeeding practices.

**Keywords:** Breast feeding, Prelacteal feeds, education.

\*Corresponding author

RESEARCH JOURNAL OF PHARMACEUTICAL, BIOLOGICAL &  
CHEMICAL SCIENCE

“STUDY OF BREAST FEEDING PATTERN IN A  
TERTIARY CARE HOSPITAL”

by

VINEETA PANDE, SR AGARKHEDKAR & (BRIG) AMARJIT  
SINGH

(Department Of Pediatrics Patil Medical College & Hospital, Pune,  
Maharashtra, India)



**EDITORIAL****First 1000 Days Fixed Deposit –Towards Healthy Life***Pramila Menon**Department of Genetics, Immunology, Biochemistry & Nutrition, Maharashtra University of Health Sciences, Regional Centre, Pune-411027(Maharashtra) India*

We are at the end of year 2015, last year of Millennium Development Goals (MDGs); we must look back and reflect. Are we on the right track? To plan post 2015 agenda it is necessary to brainstorm and review the progress in respect to maternal and child health nutrition. The 1993 National Nutrition Policy of the Ministry of Women and Child Development, Government of India has brought out some major nutrition issues like undernutrition, deficiencies of iron, iodine, and vitamin A, prevalence of low birth weight, urbanization, and nutrition problems related to natural calamities and disasters. These issues do affect infant and young child feeding practices.

Undernutrition is still a leading cause of death of young children in the developing world including India. Even if the deaths are prevented, the consequences of undernutrition are particularly severe and often irreversible among surviving malnourished children. Apart from being life threatening, undernutrition can weaken the child's immune system and make him susceptible to common communicable diseases like pneumonia, diarrhoea and malaria. It can result in lifelong cognitive and physical deficits and chronic health problems.

Undernutrition starts during intrauterine period. Inadequate availability of nutrients, energy, proteins, fatty acids and micronutrients during gestation and infancy affects the structural and functional development of brain impairing neuro-developmental processes. Nutrients are

required for creation of new neurons, growth of axons and dendrites, formation of synapses and covering of axons with myelin for acceleration of speed of nerve impulses travelling from one cell to another. Good nutrition during pregnancy and early childhood is important for brain functioning throughout childhood and adulthood [1]. Foetal malnutrition results in stunting lower cognitive performance and future risk of metabolic syndrome, diabetes and hypertension in adult life. This is attributable to the foetal programming [2]. Nutritional status of mother has profound effect on the birth weight of the baby. Her adequate weight gain during pregnancy is known to be associated with higher weight gain by the baby. If mother prepares herself by taking good balanced nutrition in pre-pregnancy period she can deliver healthy baby. Pregnant mothers should take one extra meal a day to get extra calories. She should eat all different types of fruits, vegetables, milk, dairy products, and eggs to get adequate proteins and vitamins. Adequate sleep and nutrition is important for her baby. She should gain 8-10 kg weight during pregnancy. A woman's nutritional status during pregnancy especially low BMI and anaemia have negative impact on fetal growth and development. Maternal undernutrition leads to intrauterine growth restriction (IUGR) of the baby, and pre-term delivery. In low-income populations, several key nutrients are lacking in the diet due dominant staple foods which have low nutrient density and poor mineral bioavailability.

# First 1000 Days Fixed Deposit –Towards Healthy Life

by  
**PRAMILA MENON**

(Department of Genetics, Immunology, Biochemistry & Nutrition, Maharashtra University of Health Sciences, Regional Centre, Pune, Maharashtra India)



## Prevalence and Determinants of Early Initiation (EI), Exclusive Breastfeeding (EBF), and Prelacteal Feeding among Children Aged 0-24 Months in Slums of Pune City, in Maharashtra

Angeline Jeyakumar , Suresh Jungari , Raji Nair , Pramila Menon , Prasad Babar , Barai Bhushan , Hulsurkar Yogita , Janan Ali , Marathe Saddichha , Mitragotri Bhagyashree , Phadake Monika & Sneha Sakshi

To cite this article: Angeline Jeyakumar , Suresh Jungari , Raji Nair , Pramila Menon , Prasad Babar , Barai Bhushan , Hulsurkar Yogita , Janan Ali , Marathe Saddichha , Mitragotri Bhagyashree , Phadake Monika & Sneha Sakshi (2020): Prevalence and Determinants of Early Initiation (EI), Exclusive Breastfeeding (EBF), and Prelacteal Feeding among Children Aged 0-24 Months in Slums of Pune City, in Maharashtra, Ecology of Food and Nutrition, DOI: [10.1080/03670244.2020.1858407](https://doi.org/10.1080/03670244.2020.1858407)

To link to this article: <https://doi.org/10.1080/03670244.2020.1858407>



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# ECOLOGY OF FOOD AND NUTRITION

## Prevalence and Determinants of Early Initiation (EI), Exclusive Breastfeeding (EBF), & Pre-lacteal Feeding among Children Aged 0-24 Months in Slums of Pune City, in Maharashtra





ISSN: 0975-833X

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International Journal of Current Research  
Vol. 10, Issue, 04, pp.67752-67756, April, 2018

INTERNATIONAL JOURNAL  
OF CURRENT RESEARCH

## RESEARCH ARTICLE

### ASSESSMENT OF INFANT AND YOUNG CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS OF 0 TO 2 YEARS CHILDREN

\*Dr. Manisha Dharashive and Dr. Pramila Menon

Genetics, Immunology, Biochemistry and Nutrition (GIBN) Department, Maharashtra University of Health Sciences (MUHS), Regional Centre, Pune, India

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##### Key words:

IYCF Practices,  
Nutritional status,  
ICFI score.

#### ABSTRACT

**Background:** Appropriate infant and young child feeding practices are essential for optimal growth, cognitive development and overall wellbeing in early vulnerable years of life. (WHO) World Health Organization recommends exclusive breast feeding up to six months, addition of complementary feeds after completion of six months onwards and continued breast feeding till two years of life. Apart from exclusive breast feeding initially, time of introduction, content and consistency of complementary feeds are critical for early nutrition. Inadequate and inappropriate (IYCF) practices lead to malnutrition, followed by growth retardation and fatal outcomes.

**Methods:** A cross sectional study was conducted at immunization OPD at Aundh civil hospital, a tertiary care centre in Pune over a period of one month of September. 63 mother with children of 0 to 2 years dyads were included in study. A pretested, validated questionnaire adapted from BPNI IYCF questionnaire was used. Assessment of IYCF practices and nutritional status of children (length, weight and MUAC) was done. ICFI score (Infant Child Feeding Index) was used as a single indicator for complementary feeding practices in 6 to 24 months children. Length, weight were compared with Z score charts of WHO.

**Result:** 31 male and 32 participants of age 0 to 24 months were included in study. 23 participants were of 0 to 6 months age and 40 participants in 6 to 24 months age group. Children delivered by caesarean were 26(41.3%). Children delivered in government setup were 26(41.3%). Prelacteal feed was given in 31(49.2%) of which honey was given in 5(7.9%) and formula milk was given in 23(36.9%) newborns. Initiation of breastfeeding within one hour was done in 28(44.4%) participants. Exclusive breastfeeding was done in 29 (44.4%) participants. Complementary food introduced at completion of 6 months in 34(85%) participants. Total number of bottle fed children was 3(4.8%). (ICFI) infant child feeding score of six was seen in 45% children. Assessment of children in study group had showed stunting in 6(9.5%) participants and wasting was seen in 7(11.11%) children. 6 (9.5%) were underweight and moderate acute malnutrition was seen in 7(11.11%) children. Place of birth was statistically significant (p value <0.001) with respect to type of delivery, feed, early initiation of breast feeding and exclusive breastfeeding. An odd of early initiation of breastfeeding was 15 times greater in government hospital, and that of exclusive breastfeeding was 7 times greater in government hospital.

**Conclusion:** IYCF practices were found to be good in children delivered in government setup as compared to private setup. ICFI score did not found statistically significant with nutritional status of children in study group. Stunting was seen in 6(9.5%) children. Moderate acute malnutrition was seen in 7(11.11%) and 6(9.5%) were underweight and wasting was seen in 7(11.11%) children.

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Citation: Dr. Manisha Dharashive and Dr. Pramila Menon, 2018. "Assessment of infant and young child feeding practices and nutritional status of 0 to 2 years children", International Journal of Current Research, 10, (04), 67752-67756.

## INTRODUCTION

Appropriate Infant and young child feeding (IYCF) practices are essential for optimal growth, cognitive development and overall well being in early vulnerable years of life.

\*Corresponding author: Dr. Manisha Dharashive,  
Genetics, Immunology, Biochemistry and Nutrition (GIBN) Department, Maharashtra University of Health Sciences (MUHS), Regional Centre, Pune, India.

Malnutrition contributes to about 60% of under five mortality worldwide annually and over two thirds of these are due to inappropriate feeding practices. An analysis showed that appropriate breast feeding and complementary feeding practices can alone prevent under five deaths by 19%. The world Health organization (WHO) recommends exclusive breast feeding up to 6 months and the addition of complementary feeds from six months onwards with continued breast feeding till at least two years of life. Apart from

International Journal of Current Research  
Vol. 10, Issue, 04, pp.67752-67756, April, 2018

## "ASSESSMENT OF INFANT AND YOUNG CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS OF 0 TO 2 YEARS CHILDREN"

Dr. Manisha Dharashive and Dr. Pramila Menon, 2018  
Immunology, Biochemistry and Nutrition (GIBN) Department,  
Maharashtra University of Health



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Chairman, Business Council  
P.E.Society, Pune

Ref. : MCP/lett/2020-21/693

Date :

Date: 4-1-2021

To,  
Prof. Dr. Shailaja Mane,  
Department of Pediatrics,  
"Yashoda" human milk bank,  
DYPMCH&RC, Pimpri, Pune

Subject: Request for availing 50 ml sample of Human milk and Colostrum for research purpose.  
Sir/Madam,


Progressive Education Society; a well-known educational trust in Pune has established Modern College of Pharmacy in Nigdi, which is successfully conducting B Pharm., M. Pharm., Pharm. D. & Ph.D courses. The college is also accredited by NAAC & NBA.

Our institute keenly looks after the development of students in curricular as well as extracurricular activities. One of our faculty **Dr. Bhushan P. Pimple, Head, Dept. of Pharmacognosy**, is working on a research project related to human milk.

We will be very grateful, if you could provide him 50 ml of Human milk and colostrum from your esteemed Milk bank. We assure you that your valuable support will be duly acknowledged in our project and its related publications. With this, I request you to kindly consider our application and extend the much-needed help at your earliest.

Thanking you,

Yours,

  
Dr. Bhushan P. Pimple  
Head, Dept. of Pharmacognosy

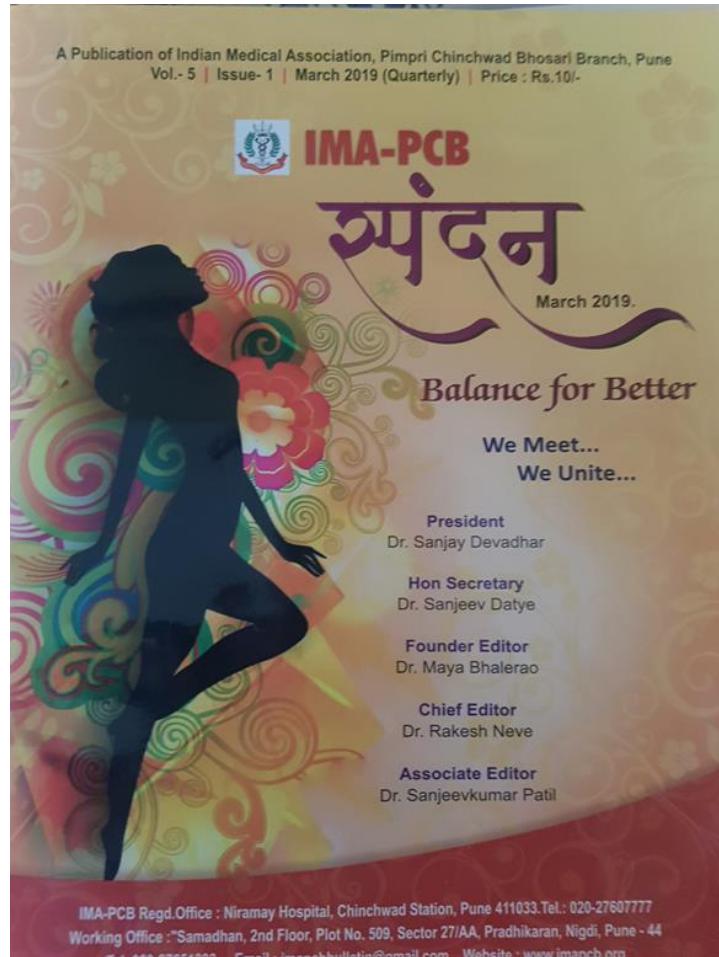


  
Dr. P. D. Chaudhari  
Principal

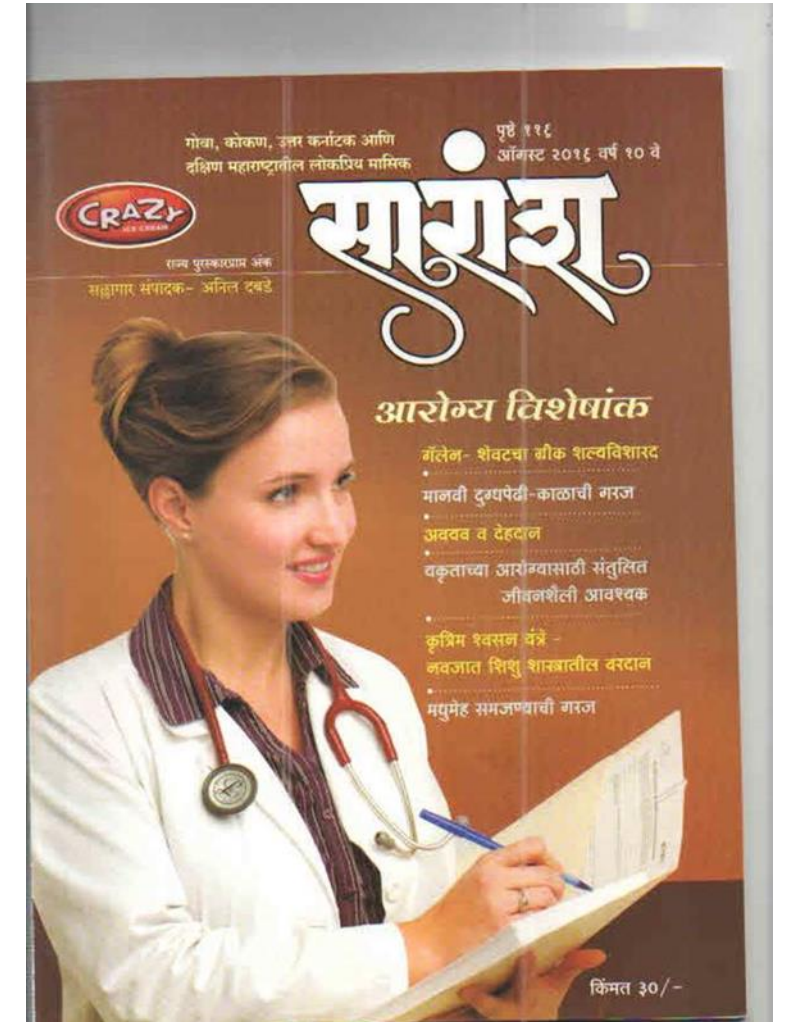
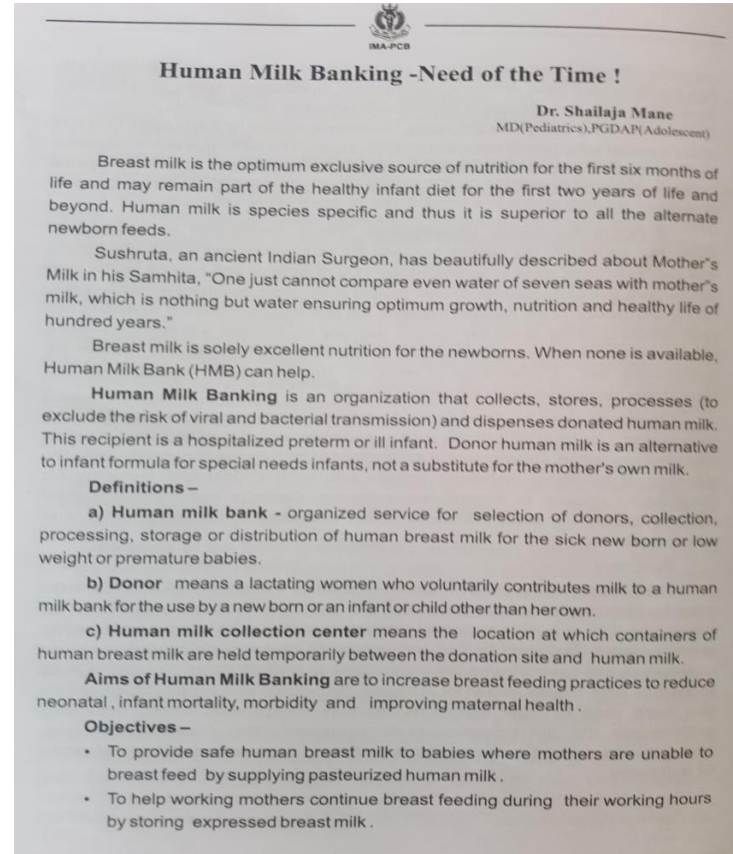
Ongoing Study  
Modern college of pharmacy  
Dr Bhushan P Pimple, Head, Dept Of  
Pharmacognosy Working On Research Project  
Related To Human Milk.



# ARTICLE FOR PUBLIC AWARENESS

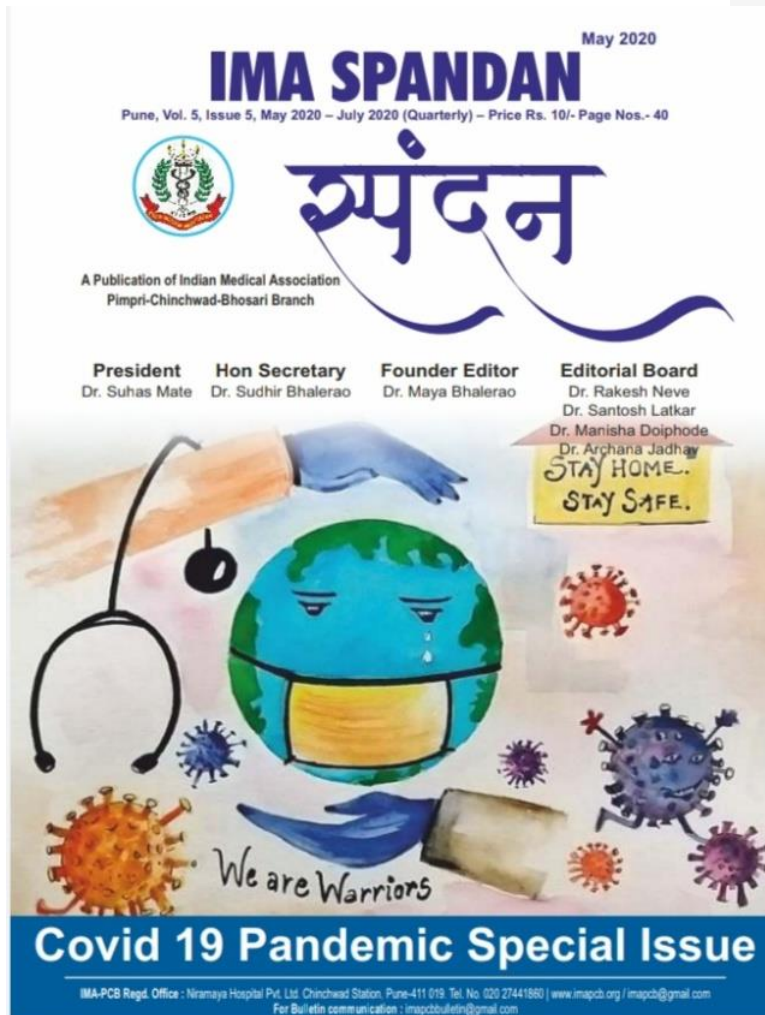



IMA-PCB संघदैन  
March 2019



"SARANSH"  
In Local Language

# Breast feeding during Covid 19 Pandemic: Public Awareness Article by Dr.Shailaja Mane



**IMA-PCB**

## Coronavirus Disease (COVID-19) and Breastfeeding:

Dr.Shailaja Mane

**Coronavirus Disease (COVID-19) and Breastfeeding:** Breast milk is the best source of nutrition for infants and provides protection against many illnesses which reduces neonatal and Infant mortality (WHO).

Breastfeeding counselling and support should be provided to all pregnant women and mothers with infants and young children, to all suspected or confirmed COVID-19 including family members by health care workers.

Considering benefits of breastfeeding and insignificant role of breast milk in the transmission of other respiratory viruses, mother can continue breastfeeding with necessary precautions as per guideline from UNICEF.

**Mother-to-Child Transmission:** Pregnant women have a higher risk of severe illness when infected with viruses from COVID-19 and other viral respiratory infections like influenza. Mother-to-child (Vertical) transmission of corona virus during pregnancy is unlikely as per current evidence, but after birth a newborn is susceptible to person-to-person spread. A very small number of babies have tested positive shortly after birth. However, it is unknown if babies got virus before or after birth. Parents and caregivers should have access to appropriately trained health workers for mental health and psychosocial support.

**COVID-19 Transmission and Breast Milk:** "Person-to-person spread occur mainly via respiratory droplets (cough or sneeze)." (CDC, 2020)

In limited studies on women with SARS, virus has not been detected in breast milk, however, it is not known whether mothers with COVID-19 can transmit virus via breast milk.

In a recent, but small study in China, a group of six mothers testing positive for COVID-19 were studied after delivery. No evidence of virus was found in their samples of breast milk, cord blood, amniotic fluid or throat swabs of their newborns (Chen et al., 2020).


The virus has not been detected in amniotic fluid, breast milk or other maternal samples. Similarly, other respiratory viruses are not transmitted in breast milk e.g. severe acute respiratory syndrome (SARS-CoV virus)

**Safety of Breastfeeding:** The immunological properties of human milk protect babies against many illnesses. Breastfeeding mothers should follow CDC guidelines: "Whether and how to start or continue breastfeeding should be decided by mother in coordination with family and healthcare providers."

The Centers for Disease Control and Prevention (CDC), World Health Organization (WHO) and the Academy of Breastfeeding Medicine (ABM), IYCF all support giving mother's breast milk to babies even if they are infected with COVID-19.

A mother with confirmed COVID-19 or who is a symptomatic, under investigation should take all possible precautions to avoid spreading the virus to infant, including washing her hands before touching infant and wearing a face mask, during breast feeding. While expressing breast milk with a manual or electric breast pump, hand washing before touching pump or it's parts and follow recommendations for proper pump cleaning after each use. If possible, someone should feed expressed breast milk to infant.

**At Home:** Hand hygiene by using alcohol-based hand sanitizer (60% - 95% alcohol) before and after all contact with affected mother, contact with potentially infectious material and before putting on and upon

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removal of personal protective equipment, including gloves. Hand hygiene can be performed by with soap, water for at least 20 seconds. If hands are soiled use soap and water before alcohol-based hand sanitizer.

If confirmed COVID-19 infection, separate (home isolation precautions) mother from family including infant, except for breastfeeding. Ideally another uninfected adult should take care of infant including feeding expressed milk which will help the mother to maintain her milk supply. Mother should practice hand hygiene and personal care for at least 5-7 days

**In Hospital:**

- 1) Mother well or with mild symptoms,** breastfeeding is a very reasonable choice. Reduce the risk of exposing infant to maternal respiratory secretions with use of a mask, gown and careful hand washing.
- 2) Mother with suspected COVID-19 infection:** choose breastfeeding and provide expressed milk to infant. More careful adherence to recommendations can limit exposure via respiratory secretions.

**Choices of housing for a Mother and Infant:**

**Rooming-in:** Mother and baby in the same room without any other patients in the room with infant, in a bassinets 6 feet from mother's bed. Precautions to avoid spread of virus to infant must be taken. Ideally, another well adult should take care of infant in the room.

**Temporary separation** – Decision of separation between a mother with COVID-19 and infant should be made by a health care team based on many factors including health of mother and baby but breastfeeding at the breast is encouraged with universal precautions.

If a mother is having COVID-19, baby may be temporarily separated from mother to reduce risk of transmission of COVID-19 to newborn (CDC). Expressed breast milk is recommended with help of medical team.

Mothers should be encouraged to express breast milk to establish and maintain breastfeeding. If possible, a dedicated breast pump should be provided and follow hand hygiene. After each pumping session, all parts that come into contact with breast milk should be thoroughly washed. Entire pump should be appropriately disinfected. Expressed milk should be fed to newborn by a healthy caregiver.

**3) Mother with symptoms or confirmed COVID-19:** One can have three options.

- I) Direct Breast feeding:** Proper hand hygiene and mask, before and while feeding.
- II) Expression of Breast Milk:** If a mother is too ill, encourage expression of milk in a clean cup by following infection prevention methods.
- III) Use of Donor Mother's Milk:** It is not yet known whether SARS CoV-2 can be found in human milk. Other corona viruses are destroyed by thermal inactivation. MERS-corona virus is inactivated in Camel, Goat and Cow's milk at 63°C for 30 min. Based on the available data on other corona viruses it is likely that, even if SARS CoV-2 is present in breast milk, will be destroyed by pasteurisation, but solid data is needed. Proper selection of donor mothers must be done carefully by adding health questionnaires, travel and contact history.

To summarize, breast feeding with various precautions remains the best choice in the COVID 19 pandemic.

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