

24th Feb 05

# Hindustan Times

New Delhi, Thursday, February 24, 2005  [www.hindustantimes.com](http://www.hindustantimes.com) Metro Rs 1.50

## HEALTH NOTES

# Newborns need not take all tests

**Sanchita Sharma**  
New Delhi, February 23

IN THE US, all newborns may soon be screened for 29 metabolic birth defects, from common disorders such as hypothyroidism to obscure anomalies such as 'very long-chain acyl-CoA dehydrogenase deficiency (a rare disorder in which the body cannot oxidize fatty acids)'. So does your newborn need to undergo these tests also? Experts say no.

"Metabolic birth defects

are extremely rare and it doesn't make sense for all newborns to undergo all the screening tests. Of the 29 on the US list, I would only recommend a test of a baby's thyroid profile," said Dr Meharban Singh, former head of paediatrics, AIIMS.

Agrees Dr. Arvind Taneja, director of pediatrics, Max MedCentre: "So rare are most of these diseases that in my 25 years practice, I have seen just one case of, Maple Syrup Urine Disease, which is recommended in the US."

The way to go about choosing the right screening tests for your baby is to go by the history of unexplained mental retardation and newborn deaths in the family.

"If these issues exist, I would recommend screening for the common enzyme deficiencies such as G6PD deficiency and galactosaemia, sickle-cell anaemia and phenylketonuria (PKU)," said Dr Anupam Sibal, senior paediatric haematologist, Apollo. These tests are available in Delhi at Dr Lal's Path Lab.

## What's needed



**Thyroid profile:** Symptoms of constipation, temperature intolerance


**G6PD deficiency:** Enzyme deficiency that causes jaundice-like symptoms

**Galactosaemia:** Enzyme-deficiency found in north India

**Sickle-cell anaemia:** (Not so rare in Orissa, Jharkhand, Chhattisgarh)

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## Q & A

# With summer jaundice is a worry...

**Q.** Summer season has started and I am worried about jaundice. My son has been vaccinated for hepatitis, will this definitely prevent jaundice?

**A.** The jaundice you're referring to is one that spreads through food and water and is produced by hepatitis A and E viruses. Careful hygiene, avoiding unsafe drinking water, avoiding salad and uncooked food outside your home should protect your child from jaundice. Vaccines are available against hepatitis A and B viruses. Hepatitis B doesn't spread through food and water and the hepatitis B vaccine, therefore, won't prevent this jaundice. If your son has been vaccinated against hepatitis A, this vaccine will protect him from jaundice produced by this virus, but leave him susceptible to hepatitis E. Hygiene needs the maximum attention.

**Q.** My three-month-old baby cries every evening and gets distressed. I have been told this is colic. Could you please explain what 'colic' is?

**A.** The classic symptom of colic is its appearance in the first few weeks of life. Typically, some 30 minutes after the evening feed, the infant screams bluefacedly, pulls up the legs and often passes flatus with loud rumblings in the abdomen and with periods of quiet or sleep between pains. This may merge into a pattern of crying throughout the day and night. Colic is a result of the baby adopting its

own 'diurnal and circadian rhythms' as opposed to the intrauterine, maternal rhythms enjoyed by the foetus. In this sense a degree of 'colic' is to be expected in every baby and the good thing is that it settles with time.

**Q.** Should hepatitis B vaccine be given at birth? Is it not simpler to administer it along with DPT?

**A.** The hepatitis B virus can be transmitted from a mother, who carries this virus, to her baby during the delivery. More than 250,000 babies are infected with hepatitis B each year in our country through

### Ask the doctor

**Dr. Anupam Sibal**



this route (vertical transmission). Since pregnant women are not screened for hepatitis B, it is not possible to find out who is a carrier and who is not. To prevent vertical transmission, it is essential that a baby born to a carrier mother is immunised immediately i.e. within 12 hours of birth. Although the hepatitis B vaccine can be given with the DPT vaccine at six weeks, this should be the case only in babies born to mothers who are not hepatitis B carriers.

**Q.** My sister had considerable difficulty in breast feeding her baby. I will be going in for my confinement soon, what can I do to ensure that I produce enough milk for the baby?

**A.** It's a simple matter of demand and supply. If the baby suckles more, the breasts produce more milk. If the baby suckles less, the breasts make less milk. If the baby stops suckling completely, or if he never starts, the breasts stop producing milk.

If a mother wishes to increase her milk output, the best way to do it is to encourage the baby to suckle longer and more often. Make sure you breast feed your baby immediately after birth if you have a normal delivery and within six hours if you have a caesarean. Start early as this will help establish breast feeding. You seem to be quite motivated so you are bound to succeed.

**Q.** My nine-month-old daughter was diagnosed as suffering from cow's milk allergy when she was five months old. She now has no symptoms. Is it safe to start her on cow's milk now?

**A.** Cow's milk allergy is usually transitory, hence a trial of cow's milk after the age of one year is recommended. If your daughter suffered diarrhoea with acute abdominal pain, vomiting, failure to gain weight (gastro intestinal symptoms), it would be safe to introduce the cow's milk at home. If however, she had an immediate reaction like skin rash, swelling of lips, then it is best to start under a doctor's supervision. •

*Dr. Anupam Sibal is a paediatrician and is the Medical Director, Apollo Indraprastha Hospital, New Delhi.*