PNNFICON 2024

2nd Annual National Conference

of

Paediatric and Neonatal Nurses Forum, India

In Collaboration with

ERA COLLEGE OF NURSING, ERA UNIVERSITY

&

AHAHPER

Souvenir

16th Dec -18th Dec 2024

Organized by

Era College of Nursing , Era University and AHAHPER

pnnficon2024@gmail.com

CHIEF PATRONS

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Hon'ble Chancellor
Era University, Lucknow

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Hon'ble Pro-Chancellor,
Era University

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Conference Chairperson

PROF. PINKY DEVI
Organising secretary

MS. MADHU GUPTA
Joint Organising secretary

Mr. ALI HASSAN
Conference treasurer

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About PNNFI

PNNFI came into existence on 20th day of February 2018 under societies registration act XXI of 1860 bearing registration No. S/1856/2018 through the initiative of a handful of leading pediatric nursing faculty and clinical pediatric and neonatal nurses working in the field of pediatrics & neonatology.
Various medical and technological advances with political interests demand for changing trends within the Nursing profession. Pediatric & Neonatal nursing is a specialized area of nursing practice. Emerging challenges in Pediatric & neonatal care call for expert, competent and innovative nursing practice towards better pediatric & neonatal survival in India.

OBJECTIVES OF THE FORUM

- To advance the knowledge, skills and standard in pediatric & neonatal nursing.
- To influence the policy and programs of the country to attain the highest level of health for all newborns, children and adolescents.
- To create public interest in the contribution of professional Nurses in promotive, preventive and restorative activities contributing to the health and welfare of newborns, children, and adolescent
- To provide a viable platform for Pediatric and Neonatal Nurse specialists to exchange views on quality care of Newborns, children and adolescent.

About Era University:

Era University is one of the top health sciences institutions in Lucknow. The University offers a comprehensive range of undergraduate, postgraduate, and doctoral programs in various medical disciplines. Era University is also at the forefront of innovative research that addresses urgent healthcare issues and advances our understanding of health sciences. The University has a strong commitment to community service in addition to academics. We actively seek to enhance everyone's access to and experience with healthcare through collaborations, health camps, and outreach initiatives. We collaborate with top universities across the globe to share best practices and information, enhancing the educational experience.

About Era College of Nursing:

The Era College of Nursing, established in 2002, has a storied history rooted in innovation, excellence, and leadership in healthcare education. the School of Nursing was envisioned as a transformative institution, pioneering modern nursing education in the eastern part of Uttar Pradesh. The journey began with the introduction of the GNM (General Nursing and Midwifery) Diploma program, a 3½-year course, laying the foundation for the institution's commitment to producing skilled nursing professionals. The academic offerings expanded significantly with the launch of the Basic B.Sc. Nursing program in 2010, marking the transition toward degree-level education. Further broadening its horizons, the college introduced the ANM (Auxiliary Nurse Midwifery) program in 2013 and the Post Basic B.Sc. Nursing program in 2015, catering to diverse educational needs and professional aspirations in nursing. The institution took a significant leap in advanced nursing education by inaugurating the M.Sc. Nursing program, encompassing all specialties, in 2017. This was followed by the initiation of the Ph.D. in Nursing program in 2018, establishing the college as a hub for nursing research and leadership development.
Era College of Nursing played a pivotal role in integrating public health and today, it leads groundbreaking initiatives in global health, health equity, and interdisciplinary collaboration. Our alumni are leaders in clinical practice, education, administration, and research across the Globe. With a steadfast commitment to professional growth and lifelong learning, they uphold the legacy of excellence fostered by Era College of Nursing.

About Society for Allied Head and Healthcare Professions Education and Research (AHAHPER)

With the formalization of the National Commission for allied and health care profession act in 2021, the society for allied health and health care profession education and research (AHAHPER), also established in 2021, decided to move forward with the implementation of its objectives of fostering collaboration in health care. it is a registered national non governmental organisation that aims to improve the quality of allied health and health care profession education in India.

Prof. Dr. Abbas Ali Mahdi
Ph.D., D.Sc. (h.c), FIABS, FACBI, FAMS
Vice Chancellor

President : Indian Academy of Biomedical Sciences (IABS) (2013-2014)
President : Association of Clinical Biochemists of India (2018)
President : Indian Society for Lead Awareness & Research (InSLAR)-(2013-17)
Secretary General : Indian Academy of Biomedical Sciences (IABS)
Director : National Referral Centre for Lead Projects - India
Ex-Professor & Head, Department of Biochemistry
Ex-Controller of Examinations
Ex-Chief Proctor
Ex-Medical Superintendent
King George's Medical University, Lucknow

ERA UNIVERSITY
(Established by an Act Passed by U.P. State Legislature)

Ref. No. EU/VC/2024/7704 Date 12/12/24

Message from desk of Vice Chancellor

I am happy to learn that the **2nd National Conference PNNFI 2024** is being organized by Era College of Nursing with a catchy theme **"Exploring Technological Advancement in Neonatal and Pediatric Care: Empowering Nurses for Quality Care"**.

Nursing, as a profession, has always been the backbone of healthcare systems worldwide. With rapid advancements in medical technologies, nurses now have unprecedented opportunities to elevate the quality, efficiency, and accessibility of care. I am sure that this conference will serves as a platform to explore how cutting-edge innovations and precision monitoring systems to telehealth and robotic assistance can be harnessed to improve neonatal and pediatric health outcomes.

It is my firm belief that this conference will serve as a vital platform for professionals, researchers, and educators to come together to exchange ideas, showcase ground-breaking research, and explore the integration of technology into nursing practice. It is an opportunity to empower nurses not just as caregivers, but as leaders and innovators in neonatal and pediatric health.

I commend the organizers, speakers, and participants for their dedication to advancing nursing practice and healthcare. I am confident that the insights gained from this conference will inspire transformative practices and reinforce the critical role of nurses as innovators and leaders in healthcare.

I am confident that the conference will provide valuable insights, foster professional growth, and inspire all participants to contribute to the future of nursing with renewed energy and purpose. Let us collectively embrace the challenges and opportunities of the digital age, transforming care for neonates and children with unwavering commitment and excellence.

My good wishes for a highly successful, enlightening and impactful conference.

Prof. Dr. Abbas Ali Mahdi
Vice Chancellor

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Prof. (Dr.) Farzana Mahdi
Ph.D (Fulmer) GSMC-2013
Pro Vice Chancellor, Era University
Academic Dean, American University of Barbados
Director Academics - Era University

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(Established by an Act passed by U.P. State Legislature)

Ref. No. EU/PVC/2024/78

Date 11/12/24

Message from the Pro Vice Chancellor, Era University

Dear Colleagues,

It is with immense pride and joy that I extend my warm greetings to all participants, speakers, and organizers of the Second Annual Conference of the Perinatal and Neonatal Nurses Foundation of India (PNNFI), hosted by Era College of Nursing.

This year's theme, *"Exploring Technological Advancement in Neonatal and Pediatric Care: Empowering Nurses for Quality Care,"* is not only timely but also a testament to our collective commitment to advancing healthcare for the youngest and most vulnerable members of society.

I commend the Era College of Nursing for bringing together experts and enthusiasts to deliberate on innovations, share experiences, and explore actionable strategies to improve neonatal and pediatric nursing practices. Such initiatives not only enrich our professional knowledge but also strengthen the foundation of quality care within the nursing community.

I am confident that this conference will serve as a platform for thought-provoking discussions, innovative ideas, and lasting collaborations that will propel us toward excellence in healthcare delivery.

Wishing the organizers and participants a highly successful and enriching event.

Warm regards,

F. Bano

Prof. Dr Farzana Mahdi
Pro Vice Chancellor
Era University

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Ref-2024/PNNFI/ Spl /13 Date-11/12/2024

From the desk of President

It is with immense pride and joy that I welcome you to the 2nd National Conference of the **Pediatric and Neonatal Nurses Forum of India (PNNFI)**. Organized by Era College of Nursing, Era University, Lucknow. This conference brings together experts, thought leaders, and passionate nursing professionals from across the nation and beyond to explore the latest advancements, share research findings, and discuss best practices in neonatal and pediatric nursing care. It is a platform for learning, collaboration, and inspiration, fostering a shared vision of enhancing the quality of care through technology and empowerment.

As we delve into the sessions, workshops, and discussions planned for this conference, I encourage every participant to engage actively and take this opportunity to exchange ideas and build networks. The knowledge we gain here will undoubtedly translate into improved care for our young patients and their families.

On behalf of the **PNNFI**, I extend my heartfelt gratitude to the organizing committee, speakers, and participants for their dedication and enthusiasm in making this event a success.

Warm regards,

Prof. Pity Koul
President, PNNFI

Office:
Prof. HCL Rawat
Prof. Arun Jindal
A-200, Shashtri Nagar, New Delhi-52

PEDIATRIC & NEONATAL NURSES FORUM INDIA (PNNFI)

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Ref-2024/PNNFI/ Spl /13 Date-11/12/2024

From the desk of Secretary PNNFI

Dear Delegates,

It is my privilege and pleasure to welcome you to the **2nd National Conference PNNFICON 2024** organised by Era College of Nursing, Era University, Lucknow. This year, we gather under the theme *"Exploring Technological Advancement in Neonatal and Pediatric Care: Empowering Nurses for Quality Care,"*. As technology continues to advance, it reshapes the way we deliver healthcare, offering nurses new tools to enhance efficiency, accuracy, and patient outcomes. From life-saving innovations in neonatal intensive care units to the development of child-friendly medical technologies, these advancements are not just technical; they are deeply human—designed to save and improve the lives of neonates and children.

This conference is an opportunity for us to explore how technology can empower nurses, bridge gaps in care, and address pressing challenges in neonatal and pediatric health. I am confident that the Pre conference workshops, and this conference will inspire us all to adopt innovative practices and pioneer new strategies in our work

On behalf of the **PNNFI**, I extend my heartfelt gratitude to the organizing committee, esteemed speakers, and delegates for coming together to make this event possible. I look forward to an engaging and enlightening conference and hope it will ignite a shared vision for the future of neonatal and pediatric care.

Prof. HCL Rawat
Secretary, PNNFI

Office:
Prof. HCL Rawat
Prof. Arun Jindal
A-200, Shashtri Nagar, New Delhi-52

अटल बिहारी वाजपेयी चिकित्सा विश्वविद्यालय, उ0प्र0, लखनऊ
Atal Bihari Vajpayee Medical University, U.P., Lucknow

Message from the desk of the Chief Guest

Dear Delegates, Distinguished Guests, and Esteemed Organizers,

It is my distinct honour and privilege to be a part of the Second National Conference of the Paediatric and Neonatal Nurses Forum of India (PNNFI), hosted by Era College of Nursing, Era University, Lucknow. I extend my heartfelt congratulations to the organizing committee for their dedication to advancing neonatal and pediatric care through this significant gathering of experts, practitioners, and learners.

The theme of the conference, *"Exploring Technological Advancement in Neonatal and Pediatric Care: Empowering Nurses for Quality Care,"* is relevant and vital. In an era where technology is transforming healthcare, this conference underscores the need for nurses to be at the forefront of these advancements, ensuring the delivery of high-quality, compassionate care to our youngest population.

Nurses are the backbone of healthcare systems, and their role in neonatal and pediatric care cannot be overstated. By equipping them with cutting-edge knowledge and technological skills, we empower them to save lives, provide comfort, and build healthier futures for our children.

I commend the Era College of Nursing and PNNFI for creating this platform for exchanging knowledge, fostering innovation, and building networks that will pave the way for transformative practices in the field of neonatal and paediatric care.

I encourage all participants to actively engage in the discussions, share their valuable experiences, and embrace the opportunities for learning and collaboration. Together, we can drive meaningful changes in healthcare delivery and set new benchmarks for excellence.

Wishing the conference grand success and a lasting impact on neonatal and pediatric nursing practices.

Best Wishes!

Dr. Ashok Kumar Bishnoi
Dean, Nursing
Atal Bihari Vajpayee Medical University, UP, Lucknow

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ERA COLLEGE OF NURSING
Sarfarazganj, Hardoi Road, Lucknow - 226 003
Phone : 0522-6600777, Fax : 0522-2407824

Ref. No.

Date .....

Organising Chairperson message

Dear Colleagues and Friends,

It gives me immense pleasure to welcome you all to the **2nd National Conference 2024**, a gathering of passionate professionals committed to advancing neonatal and paediatric care.

As Organizing Chairperson, I am proud to present this platform where nursing professionals, researchers, educators, and healthcare leaders come together to explore the role of technology in transforming care for neonates and children.

This conference is designed to provide valuable insights into the latest advancements, foster discussions on best practices, and inspire collaboration among professionals dedicated to improving neonatal and paediatric outcomes. It is a space for learning and exchange, where each participant brings expertise and experiences that enrich the collective knowledge of the nursing community.

I encourage you all to actively engage in the sessions of workshops, and conference and to carry forward the knowledge and inspiration gained here into your practice. Together, let us embrace innovation, drive change, and empower nurses to deliver quality care that transforms lives.

Wishing you a fruitful and inspiring conference experience!

Warm regards,

Prof. Dr. Priscilla Samson
Organizing Chairperson
PNNFI National Conference 2024

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Ref. No. EU/ECON/2024/12/ Date:- 12 .12.2024

Message from the Organizing secretary

Dear Delegates,

*It is with immense pride and heartfelt enthusiasm that I extend a warm welcome to all of you to the 2nd **National Conference PNNFICON 2024**, organized by Era College of Nursing, Era University, Lucknow. The journey of planning and organizing this conference has been both inspiring and rewarding. With technology playing an increasingly transformative role in healthcare, particularly in the care of neonates and children, this event aims to bridge the gap between innovation and nursing practice.*

This conference is not just an event—it is a celebration of knowledge, collaboration, and the shared commitment of our nursing community to push boundaries and make a difference. The scientific sessions, workshops, and academic discussions have been carefully curated to spark meaningful conversations and provide practical insights that can be applied in everyday practice.

I take this opportunity to express my deepest gratitude to our esteemed speakers, session chairs, organizing committee members, sponsors, supporting team, and most importantly the delegates. Your participation is a testament to your commitment to professional excellence and the well-being of neonates and children.

Let us make the most of this incredible opportunity to learn, share, and grow together. May this conference inspire new ideas, foster enduring connections, and strengthen our resolve to lead positive change in neonatal and pediatric care.

With warm regards and best wishes for a memorable and enriching conference,

Prof. Pinky Devi
Organizing Secretary
PNNFICON 2024

Organizing Committee

SCIENTIFIC COMMITTEE

Prof. HCL Rawat, Prof. Dr. Priscilla Samson, Prof Pinky Devi, Prabhat Kumar, Dr. Shikha Singh, Madhu Kumari Gupta

PRECONFERENCE WORKSHOP COMMITTEE

Prof. HCL Rawat, Prof. Dr. Priscilla Samson, Prof Pinky Devi, Madhu Gupta, Prabhat kumar, Ali Hasan, Shipra Vashisth, Priyanka Chand, Neha Singh, Renu Sharma, Sandeep Srivastava.

REGISTRATION COMMITTEE

Prof. HCL Rawat, Prof. Dr. Priscilla Samson, Prof Pinky Devi, Pooja Mishra, Hariom Gaur Ali Hasan, Shipra Vashisth

CULTURAL COMMITTEE

Prof. HCL Rawat, Prof. Dr. Priscilla Samson, Prof Pinky Devi, Priyanka R. Chand, Poornima Patwa, Shabih Zehra.

PROCUREMENT COMMITTEE

Prof. HCL Rawat, Prof. Dr. Priscilla Samson, Prof Pinky Devi, Priyanka, Madhu Gupta, NehaSingh, Renu Sharma.

ACCOMODATION / TRANSPORT COMMITTEE

Prof. HCL Rawat, Prof. Dr. Priscilla Samson, Prof Pinky Dev, Madhu Gupta, Renu Sharma, Prabhat kumar, Sandeep Srivastava, Hariom Gaur, Ali Hasan

Pre-Conference Workshops

PCW - 01

NEONATAL & PAEDIATRIC EQUIPMENT & PROCEDURES
16th December 2024

Coordinator: Prof. Neeta Rawat **Co-Coordinator: Prabhat Kumar**

TIME	TOPIC	RESOURCE PERSON
08:30am to 09:30am	Registration	Prof Neeta Rawat Former Faculty AFMC Pune Maharashtra
09:30 am to 10:00 am	Welcome of Participants & Pre-test	
10:00 am to 10:30 am	Overview of Neonatal & Pediatric Procedures	
10: 30am to 11:00 am	Overview of Neonatal & Pediatric Equipment	
11.00 am to 11.15 am	TEA BREAK	
11.15 am to 11.45 am	Ventilator & Care of baby on Ventilator	Ms. Manju Mol VS Senior Nursing Officer GMCH, Trivandrum, Kerala
11.45 am to 1:00 pm	Care of baby under a radiant warmer & in an incubator	Ms. Anugarh Charan CON, KGMU, Lucknow
1:00 pm to 1:45 pm	LUNCH	
1.45 pm to 2.30 pm	Phototherapy and Exchange Transfusion	Ms. Neha Kansal CON GMCH, 32, Chandigarh
2.30 to 4.30 pm	Hands-on station: . Methods of Oxygen Administration in children . Radiant warmer &Incubator . Colostomy Care & Irrigation . Pulse oximeter & Infusion pump	Mr. Prabhat Kumar Ms. Rahnuma Firdosh
4.30 pm to 5.00 pm	Tea, Post Test and Feedback	

PCW - 02

DEVELOPMENTAL SUPPORTIVE CARE & KMC

16th December 2024

Coordinator: Dr. Parmeesh Kaur

Co- Coordinator: Shipra Vashisht

TIME	TOPIC	RESOURCE PERSON
08:30am to 09:30am	Registration	Dr Parmees Kaur CON, GMC, 32 Chandigarh Prof. Yogesh kumar CON TMU, Moradabad
09:30 am to 10:00 am	Welcome of Participants & Pre-test	
10:00 am to 10:30 am	Overview of growth & development	
10: 30am to 11:00 am	DDST, TDSC	
11.00 am to 11.15 am	TEA BREAK	
11.15 am to 11.45 am	Developmental screening and monitoring & assessment tool	Ms. Neha Kansal CON, GMCH 32, Chandigarh
11.45 am to 1:00 pm	Kangaroo Mother Care, KMC	Ms, Sangita Singh CON IGIMS, Patna, Bihar.
1:00 pm to 1:45 pm	LUNCH	
1.45 pm to 2.30 pm	Developmental Supportive Care	Dr Parmees Kaur CON, GMCH, 32 Chandigarh
2.30 to 4.30 pm	Work stations: DDST &TDSC KMC Development delay assessment tool	All faculty members Glory P Shipra Vashisht
4.30 pm to 5.00 pm	Tea, Post Test and Feedback	

PCW - 03

DRUG DOSAGE/FLUID CALCULATION AND ADMINISTRATION IN PAEDIATRICS

16th December 2024

Coordinator: Prof HCL Rawat

Coordinator: Mr. Ali Hasan

TIME	**TOPIC**	**RESOURCE PERSON**
08:30am to 09:30am	Registration	Prof. HCL Rawat Era College of Nursing Dr Sunil Kumar Garg UION, BFUHS, Faridkot PB
09:30 am to 10:00 am	Welcome of Participants & Pre-test	
10:00 am to 10:30 am	Overview of drugs & fluid calculation for neonate & Paediatrics clients	
10: 30am to 11:00 am	Overview of criteria for drug dosage & Fluid preparation for neonates & Paediatrics Clients	
11.00 am to 11.15 am	TEA BREAK	
11.15 am to 11.45 am	Common drugs used in Paediatrics	Prof HCL Rawat Era College of Nursing, Era University, Lucknow, UP.
11.45 am to 1:00 pm	Administration of correct Drug dosage & Fluids in Paediatrics	Prof HCL Rawat Era College of Nursing, Era University, Lucknow, UP.
1:00 pm to 1:45 pm	LUNCH	
1.45 pm to 2.30 pm	Medication Errors in Paediatrics & Its Prevention	Prof. Sheuli Sen TPCON, TMU, Moradabad, UP
2.30 to 4.30 pm	Hands-on station: ·Drug/fluid calculation ·Drug/ fluid preparation ·Common drugs used ·Drug/ fluid administration/infusion Right strategies for correct administration &preventing errors	All faculty members Ali Hasan Sandeep Srivastava
4.30 pm to 5.00 pm	**Tea, Post Test and Feedback**	

PCW - 04

QUALITY IMPROVEMENT IN PAEDIATRICS AND NEONATAL CARE

16th December 2024

Coordinator: Prof Dr Smriti Arora **Co-coordinator: Ms. Anugrah Charan**

TIME	TOPIC	RESOURCE PERSON
08:30am to 09:30am	Registration	Dr. Smriti Arora CON, AIIMS Rishikesh Anjali kaushik CON Jamia Hamdard University, New Delhi
09:30 am to 10:00 am	Welcome of Participants & Pre-test	
10:00 am to 11:00 am	Introduction & Overview to Quality Improvement	
11.00 am to 11.15 am	TEA BREAK	
11.15 am to 11.45 am	Step 1 ·Identifying a problem ·Forming a team Writing an aim statement	Dr. Smriti Arora Principal AIIMS Rishikesh UK
11.30 am to 12:15 pm	Group Work	All faculty
12:15 pm to 12:30 pm	Step 2 Analyzing the problems	Ms. Anjali Kaushik CON, Jamia Hamdard New Delhi
12:30 pm to 1:00 pm	Measuring the problems	
1:00 pm to 1:45 pm	LUNCH	
1.45 pm to 2.30 pm	Step 3 Testing changes	Dr. Smriti Arora Ms. Mikki Khan
2.30 to 3.15 pm	Group Work	All faculty members
3.15 to 4.00 pm	QI journey and formation of NQOCN: Nurses Role and Perspective.	All faculty members
4.00 pm to 5.15 pm	Small Groups: Developing your aim statement and analyzing your identified problem · Presentations	Dr. Smriti Arora Anjali Kaushik Anugrah Charan Nidhi Maurya
5.15 pm to 5.30 pm	**Tea, Post Test and Feedback**	

PCW - 05

NRP: OPTIMIZING GOLDEN HOUR

16th December 2024

Coordinator: Prof Pinky Devi **Co-coordinator: Madhu Gupta**

TIME	TOPIC	RESOURCE PERSON
08:30am to 09:30am	Registration	Prof. Pinky Devi Era College of Nursing Dr. Arti Kapoor CON, AIIMS Jodhpur
09:30 am to 10:00 am	Welcome of Participants & Pre-test	
10:00 am to 10:30 am	Overview of Neonatal Resuscitation	
10:30 am to 11:00 am	Routine Care	Ms Sarita Rawat NINE, PGIMER Chandigarh
	TEA BREAK	
11.15 am to 12.00 pm	Initial steps in Resuscitation	Madhu Gupta Era College of Nursing
12.00 pm to 12:30 pm	Positive pressure ventilation/ Bag and mask Ventilation	Dr. Rupashree Das Gupta IGIMS, Patna
12.30 am to 1:00 pm	Chest Compression	Dr. Jyoti Shokeen CON, AIIMS Rishikesh
1:00 pm to 1:45 pm	LUNCH	
1.45 pm to 2.15 pm	Endotracheal Intubation	Dr. Qaim Rizvi/ Dr. Zeba ELMC& H, Era University Lucknow
2.15pm to 2.45 pm	Drug used in NRP	
3.15 to 4.00 pm	Special Consideration: · Resuscitation of Pre-term babies Ethics and care at the end of Life.	
4.00 pm to 5.15 pm	Hands-on/Workstation · Initial steps · Bag and Mask Ventilation · Chest Compression ET intubation	All NRP Faculty Ms. Neha Singh Ms. Renu Sharma
5.15 pm to 5.30 pm	**Tea, Post Test and Feedback**	

Conference

Program Schedules

Day - 01

Time	Topics	Resource person
8:30 am to 9:30 am	**Registration**	
9:30 am to 11.00	PLENARY SESSION 01 Advancement and Innovations in the management of high-risk newborn	**CHAIRPERSON** 1. Prof. HCL Rawat 2. Prof. Dr Pity Koul
	. Antenatal interventions improving preterm outcome	**SPEAKERS** Prof Dr S P Jaiswar ELMC & H, Era University Lucknow UP
	Effective newborn care in the delivery room and beyond	Prof. Dr Smriti Arora CON AIIMS Rishikesh, UK
	Essential care of babies born with congenital malformation/surgical neonates	Ms. Srinithya Raghavan, CON AIIMS, New-Delhi
11.00 -12:30 pm	PLENARY SESSION 2 Infant and Young Child Feeding (IYCF)	**CHAIRPERSON** 1. Prof. HCL Rawat 2. Prof. Dipti Shukla
	Human milk banking and its future in India	**SPEAKERS** Dr. Shashi Mawar CON AIIMS New Delhi
	Human milk fortification: need and challenges	Prof. Sebi Das CON, GMCH Basti, UP
	Maa program: what we have achieved so far.	Dr Kedar Singh Chaudhary CON, GMCH Bharatpur
12:30 pm to 1:00	**Inaugural Ceremony**	
1:00 to 2:00 pm	LUNCH	
2:00 to 2:30 pm	Key Note Address · Science Behind Human Milk; Innovations in Breastfeeding Research	**CHAIRPERSON** Prof. Dr. Pity Koul **SPEAKER :** Prof. Dr MMA Faridi Dean, Emeritus, ELMC &H

2:30 to 4.30 pm	**PLENARY SESSION 3** Advancement and Innovation in Preventive Pediatrics	**CHAIRPERSON** 1. Prof. Dr. Jamal Masood 2. Prof. Dr. Anjalatchi M
	Recent advances and integration of newer vaccines in the Immunization program to strengthen Mission Indradhanush.	**SPEAKERS** Dinesh Kumar Verma PGIMER, Chandigarh
	Govt initiatives and programs related to children RBSK, JSSK & RMNCH+A	Dr. Parmees Kaur CON GMCH, 32 Chandigarh.
	POCSO Act, juvenile Delinquent &Forensic Nursing integrated approach to Child protection.	Prof. Dr. Smriti Arora CON AIIMS, Rishikesh UK
4:30 to 5:30 pm	FREE PAPER PRESENTATION	**CHAIRPERSON/JUDGES** 1, Prof Dr. Smriti Arora 2. Prof. Dr. Pity Koul 3. Dr. Bhim Singh Rawat
	POSTER PRESENTATION	CHAIRPERSON/JUDGES 1. Prof Pinky Devi 2. Dr. Surendra Sharma 3. Dr. Sudheendra M

Day - 02

8.30 to 10.00 am	**PLENARY SESSION 4** Advancement and Innovations in the management of type 1 diabetes and TB in children	**CHAIRPERSON** 1. Prof. Dr Rajendra Prasad 2. Prof Dr. Priscilla Samson
	Recent advancement and Innovation in the management of children with Type 1 Diabetes	**SPEAKERS** Mr. Dinesh K Varma, PGIMER Chandigarh
	Challenges & Recent management strategies of Tuberculosis in children	Prof. Dr. Geetika Srivastava Dept of Paediatrics ELMCH.Lucknow.
10.00 to 10:15 am	**TEA BREAK**	
10.15 to 11:15 am	**PLENARY SESSION 5** Penal Discussion Technology and Teens: Navigating the impact of digital devices on mental wellbeing	**Penal members** Prof. Pity Koul (Moderator) Prof. Dr Krishna Dutt Prof. Dr. Dipti Shukla Prof. Dr. Priscilla Samson Prof. Dr. M Aleen Siddiqui
11.15 to 12:00 N	**PLENARY SESSION 6** Strategies & interventions to manage malnutrition in children	**CHAIRPERSON** 1. Dr. Neetu Devi 2. Dr Arun K Jindal
	Strategies and Interventions to Address Malnutrition and Micronutrients Deficiency in Pediatric Population	**SPEAKERS** Dr Shikha Singh Era University Lucknow
	Nutritional management of critically ill child	Ms Anjali Kaushik CON Jamia Hamdard University, New Delhi

12.00 to 12:35 pm	**PLENARY SESSION 7** Simulation enhanced interprofessional approach to quality healthcare.	**CHAIRPERSON** Prof. Dr. Farzana Mahdi Secretary AHAHPER **SPEAKER** Prof. Dr. Anuja Srivastava.
12.35 to 2:00 pm	**PLENARY SESSION 8** **Advancement in neonatal care and support**	**CHAIRPERSON** 1. Prof HCL Rawat 2. Dr. Kedar Singh
	Early identification of a sick newborn & family-integrated care in NICU	Prof. Neeta Rawat Ex Faculty CON, AFMC, Pune
	Use of Artificial Intelligence in Nursing education, practice & research	Dr Arun Jindal, Joint Secretary PNNFI
	Happiness of Nursing Professionals: A key to quality patient care.	Prof. Dr. Meeta Ghosh Department of Happiness, Era University UP.
2.00 to 2:30 pm	**LUNCH**	
2.30 to 3:00 pm	**BEST PAPER PRESENTATION**	**CHAIRPERSON** 1. Prof. Pity Koul 2. Prof. HCL Rawat 3. Prof. Pinky Devi
3.00 to 4:30 pm	**VALIDECTORY**	

Abstracts

Pre-Conference Workshops

PCW- 01

NEONATAL & PAEDIATRIC EQUIPMENT & PROCEDURES

Neonatal and paediatric care relies heavily on specialized equipment and procedures designed to address the unique needs of newborns and young children. These tools and practices are critical in providing life-saving interventions, enhancing health outcomes, and ensuring the safety and comfort of the most vulnerable patients. In neonatal care, precision and adaptability are paramount due to the fragility of preterm and low-birth-weight infants. Key equipment includes incubators and radiant warmers, which provide a controlled environment to maintain optimal temperature and humidity for thermoregulation in premature and critically ill newborns. Ventilators and CPAP Machines: Support respiratory function in neonates with underdeveloped lungs or respiratory distress syndrome. Infusion Pumps and Syringe Pumps: Deliver precise medication and fluid volumes, which are crucial for the accurate dosing required in neonates. Phototherapy Units: These are used to treat neonatal jaundice by reducing bilirubin levels through light therapy. Neonatal Monitors: Continuously track vital parameters such as heart rate, oxygen saturation, and respiratory rate, enabling real-time assessment of the baby's condition.

Paediatric patients require equipment tailored to their age, size, and developmental stage. Common tools include Paediatric Resuscitation Kits, Which contain appropriately sized masks, tubes, and equipment for emergency care. Portable Ultrasound Machines: Enable non-invasive diagnosis of conditions in younger patients with minimal discomfort. Paediatric Endoscopes: Designed for minimally invasive procedures and examinations, reducing recovery time and procedural risks.

Effective care involves evidence-based procedures tailored to neonates and children: Neonatal Resuscitation: A lifesaving protocol for addressing asphyxia and other birth complications, focusing on airway management and ventilation. Kangaroo Mother Care (KMC): Promotes skin-to-skin contact for thermoregulation, bonding, and breastfeeding success in preterm and low-birth-weight infants. Intravenous Access and Medication Administration: Paediatric IV catheters and infusion systems ensure safe drug delivery. Developmental Supportive Care (DSC): Incorporates sensory management and positioning to support neurodevelopment in neonatal intensive care units (NICUs).

Conclusion

Advancements in neonatal and paediatric equipment and procedures have revolutionized child healthcare, enabling better survival rates and quality of life. From cutting-edge technology to simple interventions like KMC, these tools and practices reflect the commitment of healthcare professionals to ensuring the best outcomes for every child. Investing in these resources and training is essential for bridging gaps in care, particularly in underserved regions.

Prof Neeta Rawat
Former Faculty
CON, AFMC Pune

PCW- 02

DEVELOPMENTAL SUPPORTIVE CARE & KMC

Developmental Supportive Care (DSC) and Kangaroo Mother Care (KMC) are vital strategies in neonatal care, designed to optimize the health and development of preterm and low-birth-weight infants. These evidence-based approaches focus on creating an environment that mimics the intrauterine conditions and supports the physiological and psychological well-being of neonates.
DSC involves individualized care practices that reduce stress and promote neurological and physical development in newborns. Core components include managing the sensory environment (light, noise, and touch), ensuring proper positioning, pain management, and promoting parent-infant bonding. By reducing exposure to unnecessary stimuli and encouraging positive sensory experiences, DSC minimizes stress and supports brain development, particularly in preterm infants whose neurodevelopment is highly vulnerable.
Kangaroo Mother Care (KMC), a hallmark of DSC, emphasizes skin-to-skin contact between the mother (or caregiver) and the newborn. This simple yet effective intervention is globally recognized for its significant impact on neonatal health. KMC includes continuous skin-to-skin contact, exclusive breastfeeding, and close monitoring of the infant's growth and development. This method promotes thermoregulation, stabilizes heart rate and breathing, and enhances breastfeeding success. Furthermore, KMC fosters emotional bonding, which is essential for the psychosocial well-being of both mother and child.
Research highlights the numerous benefits of DSC and KMC, including reduced mortality, shorter hospital stays, improved weight gain, and better neurodevelopmental outcomes. They also reduce the risk of infections and provide long-term cognitive and emotional benefits.
The implementation of DSC and KMC requires a collaborative approach involving healthcare providers and parents. Training healthcare workers, creating family-centered neonatal care environments, and addressing barriers to implementation, such as cultural practices or lack of resources, are critical for success.
In summary, DSC and KMC represent transformative approaches in neonatal care, emphasizing not only survival but also the holistic development of vulnerable newborns. These practices reinforce the importance of nurturing care, highlighting the significant role of families and healthcare teams in shaping healthier outcomes for preterm and low-birth-weight infants.

by
Parmeesh Kaur
College of Nursing,
GMCH, 32 Chandigarh

PCW- 03

DRUG DOSAGE/FLUID CALCULATION AND ADMINISTRATION IN PAEDIATRICS

Accurately calculating and administering drug dosages and fluids in paediatric patients are essential components of safe and effective medical care. Due to the unique physiological characteristics of children, these processes require careful attention to factors such as age, weight, body surface area, and developmental stages.

Paediatric drug dosages are typically weight-based (mg/kg) or surface-area-based (mg/m^2), ensuring appropriate therapeutic levels while minimizing the risk of toxicity. Age-based dosing is less common due to variability in pharmacokinetics among children of the same age. The calculation involves determining the correct dose using the prescribed medication's strength and the child's weight. Errors in calculation, whether due to incorrect weight measurement or mathematical inaccuracies, can have serious consequences, including underdosing or overdosing. Double-checking calculations and using validated digital tools or reference charts can improve accuracy. Fluid management is critical in paediatric care, especially in scenarios like dehydration, surgery, or critical illness. Fluid requirements are based on maintenance needs, deficits, and ongoing losses. In cases of dehydration or illness, the deficit (estimated as a percentage of body weight lost) and ongoing losses (e.g., from diarrhoea or vomiting) are added to the maintenance requirement. Electrolyte balance, particularly sodium and potassium, is also carefully monitored.

Safe administration involves multiple safeguards to prevent errors. Medications and fluids are administered orally, intravenously, or via other appropriate routes, considering the child's condition. Intravenous (IV) fluids are often given with infusion pumps for precise delivery. Nurses and clinicians must adhere to the "five rights" of medication administration: the right patient, drug, dose, route, and time. Additional considerations include checking for allergies, monitoring for adverse reactions, and educating caregivers about the treatment.

Conclusion

Drug dosage, fluid calculation, and administration in paediatrics require meticulous precision to ensure safety and efficacy. Interdisciplinary collaboration, proper training, and adherence to established guidelines are essential to minimize risks and optimize outcomes for paediatric patients.

Prof HCL Rawat
HOD Paediatric Nursing
Era College of Nursing

QUALITY IMPROVEMENT IN PAEDIATRICS AND NEONATAL CARE

Quality improvement (QI) in paediatrics and neonatal care focuses on implementing systematic, evidence-based strategies to enhance healthcare services' safety, effectiveness, and efficiency for children and newborns. By addressing gaps in care delivery, QI initiatives aim to reduce morbidity and mortality while promoting optimal growth and development. QI efforts prioritize interventions backed by robust clinical evidence. Examples include standardized protocols for neonatal resuscitation, exclusive breastfeeding promotion, and kangaroo mother care (KMC) for preterm and low-birth-weight infants. Evidence-based guidelines ensure consistent care delivery across settings.

Regular monitoring of clinical outcomes through indicators such as neonatal mortality rates (NMR), infection rates, and immunization coverage helps identify areas needing improvement. Data collection tools like electronic health records and quality dashboards enable healthcare providers to track progress and make informed decisions.

QI initiatives thrive on collaboration among healthcare providers, administrators, and families. Paediatricians, neonatologists, nurses, and allied health professionals work together to address complex challenges, ensuring a holistic approach to patient care. Involving parents and caregivers in decision-making processes improves the quality of care and enhances satisfaction. Programs like rooming-in facilities for newborns and family education on safe sleep and feeding practices empower families and contribute to better outcomes.

Efforts such as reducing central line-associated bloodstream infections (CLABSI) and promoting developmental supportive care in NICUs have significantly improved outcomes for critically ill neonates.QI measures, including weight-based dosing protocols and computerized physician order entry systems, help minimize medication errors in paediatric and neonatal populations. Increasing vaccination coverage through targeted community outreach and education reduces preventable diseases and ensures equitable access to healthcare. Routine newborn screenings for metabolic disorders, hearing loss, and critical congenital heart defects allow early detection and timely management.

Conclusion

Quality improvement in paediatric and neonatal care is an ongoing process requiring commitment, innovation, and teamwork. By integrating evidence-based practices, leveraging technology, and fostering patient-centred care, QI initiatives can bridge healthcare gaps and ensure that every child has the opportunity to thrive. These efforts are vital to achieving global health goals and advancing child and newborn well-being.

Prof. Dr. Smriti Arora
AIIMS Rishikesh, UK

NRP: OPTIMIZING GOLDEN HOUR

The "Golden Hour," the first hour after birth, is a critical period for newborns, particularly those requiring neonatal resuscitation. Effective neonatal resuscitation procedures during this time are vital for ensuring the survival and long-term health of newborns facing complications such as birth asphyxia, respiratory distress, or preterm delivery. With approximately 10% of newborns requiring assistance to initiate breathing at birth, neonatal resuscitation plays a crucial role in reducing neonatal morbidity and mortality.

Neonatal resuscitation begins with preparation. Delivery teams should anticipate potential complications, ensure the availability of resuscitation equipment, and assign roles within the team. Equipment such as warmers, suction devices, ventilation bags, oxygen supplies, and endotracheal tubes must be ready and functional. At birth, the newborn is assessed for crying, breathing, and muscle tone. The initial evaluation determines if the baby requires further intervention. Infants who are breathing well and have good muscle tone are dried, kept warm, and monitored. Non-breathing or poorly responsive infants require immediate resuscitative measures. Preventing hypothermia is critical during the Golden Hour. Drying the baby, providing skin-to-skin contact with the mother, or using radiant warmers ensures thermal stability. Preterm infants may benefit from polyethene wraps to retain heat.

If necessary, the airway is cleared of secretions using gentle suction to ensure unobstructed breathing. Routine suctioning of all newborns is no longer recommended unless obvious secretions obstruct breathing.

Positive pressure ventilation (PPV) is initiated if the newborn fails to breathe despite initial interventions. The appropriate oxygen concentration is administered, starting with room air and titrated based on oxygen saturation levels.

If PPV is inadequate, chest compressions, medications like epinephrine, or intubation may be required. These advanced steps should be performed by skilled personnel with specialized training. Continuous monitoring of vital signs and oxygen saturation ensures timely adjustments to care. Once stabilized, the newborn is supported for optimal transition to extrauterine life.

Conclusion

The Golden Hour represents a window of opportunity to provide critical interventions that can drastically influence outcomes. By adhering to structured neonatal resuscitation protocols, healthcare providers can significantly reduce neonatal mortality and ensure the best possible start for every newborn. Training, equipment, and awareness investments are essential to maximize the impact of these life-saving measures.

Prof. Pinky Devi
Era College of Nursing
Era University, Lucknow

Abstracts

Main Conference

PNNFICON2024

ANTENATAL INTERVENTIONS IMPROVING PRETERM OUTCOME

Preterm birth refers to the delivery of a baby before completing 37 weeks of gestation. Incidence varies between 5-18% depending upon the country. 14.9 million newborns across the world are delivered before 37 weeks annually, and it is a leading cause of mortality and morbidity among children below 5 years of age. These morbidities and mortality in preterm babies can be prevented by early prediction, prevention and antenatal management. Newborn survival can be increased by reducing the complications which are responsible for the death of preterm babies. The 2023 "WHO Born Too Soon Report" highlights that preterm birth remains the leading cause of mortality among under 5 yrs and is a major contributor to the reduction in quality of life adjusted years and reduction in human capital. Survivors of preterm birth carry an increased risk of short-term morbidity, including Intraventricular haemorrhage, Necrotyzing enterocolitis and long-term complications such as developmental delay, cerebral palsy, and chronic lung disease. Globally, there are many interventions and care bundles that aim to reduce the impact of preterm birth occurs in preterm labour. Introduction of a simple Prematurity preparation bundle called as PREMPREP – 5. The following interventions should be implemented: - Before delivery – Antenatal corticosteroid, Intrapartum magnesium sulphate - At delivery – delayed cord clamping - Post natally – Early breastfeeding and immediate Kangaroo care. Antenatal tocolytics are useful to gain some time in established preterm labour for giving corticosteroid for the fetal lung maturity and magnesium sulphate as neuroprotection to decrease the complications in the preterm babies born below 34 weeks of gestation, and it is also useful to transfer the mother with fetus in utero to the higher centre where there is the facility to manage the preterm neonates. Another measure can be done in the form of prophylactics antibiotics in case of premature preterm rupture of the membrane. Ampicillin is the drug of choice; emergency & Rescue Cervical cerclage can be given before 27 weeks of pregnancy, Natural Progesterone 200 mg vaginally can be helpful in the short cervix, and intramuscular progesterone is also recommended to prevent preterm labour. Early prediction and prevention can minimize the onset of preterm labour, and antenatal, intra-natal and postnatal management can prevent many complications and improve newborn survival.

Prof Dr S P Jaiswar
HOD, Dept of OBGY, ELMC & H,
Era University Lucknow UP

EFFECTIVE NEW-BORN CARE IN THE DELIVERY ROOM AND BEYOND

Despite progress in reducing neonatal mortality globally, significant disparities persist between high-income and low-income countries. According to the WHO, approximately 2.3 million newborns died in 2022, accounting for 47% of all under-5 child deaths. Common causes include prematurity, birth complications, infections, and congenital anomalies. Preterm birth complications are the leading cause of under-5 deaths, with about 15 million preterm births annually. Exclusive breastfeeding and improved healthcare access are vital strategies to reduce neonatal mortality.
India's newborn mortality rate (NMR) in 2021 was 22.7 per 1,000 live births, showing improvement but remains a concern. Major causes of neonatal deaths include infections, prematurity, birth asphyxia, and congenital conditions. India witnesses about 3.5 million preterm births annually. Exclusive breastfeeding rates have increased to 58% (NFHS 2019-21), while immunization efforts like Hepatitis B and DPT vaccinations are improving but face rural-urban disparities. Neonatal jaundice and low birth weight (30% of newborns) further contribute to neonatal morbidity and mortality. India's initiatives like the National Health Mission (NHM), Janani Shishu Suraksha Karyakram (JSSK), and Surakshit Matritva Aashwasan (SUMAN) focus on improving maternal and neonatal health. Facility-based deliveries have risen to 79%, and programs like Kangaroo Mother Care (KMC) are promoted to support preterm and low-birth-weight infants.
Globally, the UN's Sustainable Development Goals (SDGs) aim to reduce neonatal mortality to 12 per 1,000 live births by 2030. WHO and UNICEF initiatives like the Every Newborn Action Plan emphasize skilled birth attendance, breastfeeding, and improved neonatal care. Practices like Apgar scoring, immediate resuscitation, thermal protection, delayed cord clamping, and early breastfeeding initiation are critical in the delivery room. Vitamin K prophylaxis, eye care, and identification protocols further ensure safety. Post-delivery, continuous monitoring, exclusive breastfeeding, immunization, newborn screening tests, and jaundice management are vital. Routine care includes delaying baths, maintaining umbilical hygiene, and safe sleep practices. Parental education on hand hygiene, feeding, and follow-up paediatric visits is essential to ensure newborn health.
Adhering to these strategies globally and in India can significantly reduce neonatal mortality, ensuring a healthier start for newborns and promoting their long-term well-being.

Prof. Dr Smriti Arora
CON AIIMS Rishikesh UK

ESSENTIAL CARE OF BABIES BORN WITH CONGENITAL MALFORMATION/SURGICAL NEONATES

Congenital anomalies, structural or functional abnormalities present at birth, are significant contributors to neonatal morbidity and mortality. These conditions often necessitate surgical intervention, highlighting the importance of timely diagnosis, multidisciplinary care, and meticulous post-operative management for surgical neonates. Nurses play a pivotal role, especially in resource-limited settings like many parts of India. Neonates may present with conditions such as congenital diaphragmatic hernia, oesophagal atresia, intestinal atresia, anorectal malformations, omphalocele, gastroschisis, and congenital heart defects. Prompt surgical correction is often critical to survival and long-term outcomes.

Management includes Preoperative care, which focuses on stabilizing the neonate. This includes addressing respiratory distress, maintaining fluid and electrolyte balance, managing infections, and providing thermal regulation. Early diagnosis using prenatal imaging and postnatal investigations facilitates planning for surgical intervention. Surgical procedures in neonates demand precision and expertise, often requiring minimally invasive techniques. Advances in neonatal anaesthesia, surgical tools, and critical care have significantly improved outcomes. Surgery aims to correct anatomical defects, restore function, and prevent complications.

Postoperative management is crucial for recovery and includes respiratory support, pain management, nutritional rehabilitation, and prevention of infections. Neonates often require parenteral nutrition initially, transitioning to enteral feeding when feasible. Monitoring for complications such as sepsis, wound infections, or organ dysfunction is vital. Care for surgical neonates involves neonatologists, paediatric surgeons, anaesthetists, nurses, and nutritionists. This team approach ensures comprehensive management of the neonate's medical, surgical, and nutritional needs.

Parental involvement and education are integral to the care of surgical neonates. Providing psychological support to families and empowering them with knowledge about their child’s condition fosters better outcomes.

Survivors of neonatal surgery often require long-term follow-up to monitor growth, development, and any late complications. Rehabilitation services and genetic counselling may also be necessary in some cases.

In conclusion, congenital anomalies in neonates demand early diagnosis and a structured care approach. Advances in surgical techniques, neonatal care, and a multidisciplinary framework have improved survival rates, underscoring the need for specialized centres to manage these critical conditions effectively.

Srinithya Raghavan,
CON AIIMS, New-Delhi

HUMAN MILK BANKING AND ITS FUTURE IN INDIA

Breastfeeding is the most beneficial form of infant nutrition, as human milk is uniquely designed to meet infants' developmental needs. Beyond providing optimal nutrition, breastfeeding offers health benefits for both term and preterm infants, reducing the risk of bronchopulmonary dysplasia, late-onset sepsis, and necrotizing enterocolitis (NEC) while supporting neuroimmune system development. It also has long-term societal benefits by reducing future healthcare burdens and enhancing productivity.

Despite these benefits, many sick, premature, and low birth weight infants admitted to hospitals are deprived of their mother's milk due to unavoidable circumstances. This gap in nutrition significantly increases morbidity and mortality rates among vulnerable neonates. To address this, healthcare facilities need to adopt optimal breastfeeding practices and ensure access to human milk for all infants. Human milk banking is an innovative solution to ensure a consistent supply of safe, pasteurized breast milk for infants who cannot access their mother's milk. While encouraging natural breastfeeding, these banks provide pasteurized donor milk that improves survival rates, reduces infections, and enhances neurodevelopment. Globally, HMBs have shown success in reducing hospital stays and neonatal complications. With its high number of at-risk infants, India launched the "National Guidelines on Lactation Management Centers in Public Health Facilities" in 2017. This initiative aims to make breast milk universally accessible through the promotion of breastfeeding, kangaroo mother care, and donor human milk in all newborn care units. However, challenges persist due to insufficient milk bank facilities, funding, and awareness.

Challenges in India:

India has only 30 functional HMBs, which are inadequate to meet demand. Barriers include a lack of awareness, cultural taboos, high infrastructural costs, limited neonatal setups, and systemic challenges such as supply-demand mismatches, financial constraints, and quality maintenance issues.

Future Directions:

To expand HMBs in India, educating and motivating parents about milk donation is critical. Collaborative efforts among governments, healthcare providers, and NGOs are essential to develop sustainable systems for safe donor milk distribution. The global health community bears an ethical responsibility to strengthen milk banking systems to ensure all infants have access to the life-saving benefits of human milk.

Dr. Shashi Mawar
CON AIIMS New Delhi

HUMAN MILK FORTIFICATION: NEED AND CHALLENGES

Nutrition plays a critical role in the survival, clinical progress, and long-term outcomes of high-risk preterm neonates and very low birth weight (VLBW) infants. Aggressive extrauterine nutrition aims to mimic intrauterine growth, with fortification as a vital support to help these infants thrive.
Fortification, defined as adding nutrients to improve food's nutritional value, is crucial for preterm infants whose needs surpass the nutrients of unfortified human milk. Breast milk fortifier (BMF) supplements express breast milk with nutrients like protein, carbohydrates, vitamins, and minerals. Fortification strategies include standard methods (fixed nutrient additions) and individualized approaches tailored to specific infant needs, though the latter is resource-intensive.
Fortification enhances growth, nutrient accretion, and neurodevelopmental outcomes. Exclusive human milk diets fortified with donor human milk-based fortifiers reduce risks of complications like necrotizing enterocolitis (NEC), sepsis, and retinopathy of prematurity compared to bovine-based fortifiers. Early protein-enriched diets also improve muscle and bone development.
Fortification may cause feed intolerance, slow gastric emptying, and gastrointestinal complications. Bovine milk-based fortifiers (BMBFs) carry risks of inflammation, NEC, and metabolic consequences. Additionally, variability in human milk composition may expose infants to high protein levels, posing potential harm.
Optimal fortification strategies are complicated by fluid restrictions, variability in milk composition, and ethical concerns surrounding bovine-derived products. Human milk fortifiers (HMBFs) show promise but have uncertain long-term effects on microbiota and development. The logistics of fortifying milk during breastfeeding add further complexity.
Mothers' milk should be prioritized, with fortification to meet the additional needs of preterm infants. Counselling is essential to clarify that fortification complements maternal milk rather than reflecting inadequacy. Future research through well-designed randomized controlled trials is required to address gaps in evidence and refine fortification practices.
In conclusion, fortifiers are indispensable in neonatal care, with a need for personalized, evidence-based approaches to optimize outcomes for preterm infants.

Prof. Sebi Das
CON, GMCH Basti, UP

MAA PROGRAM: WHAT WE HAVE ACHIEVED SO FAR.

The Mothers' Absolute Affection (MAA) program, launched in 2016 by the Ministry of Health and Family Welfare, aims to promote breastfeeding and improve infant health and nutrition. This flagship initiative has significantly addressed breastfeeding challenges and enhanced maternal and child health outcomes in India.

The MAA program has significantly raised awareness about the importance of early initiation, exclusive breastfeeding for six months, and continued breastfeeding for up to two years. National Family Health Survey (NFHS) data indicates a notable increase in breastfeeding rates, reflecting progress toward healthier feeding practices. Awareness campaigns and outreach activities have successfully educated families and communities about the benefits of breastfeeding. Mass media campaigns and counselling by Accredited Social Health Activists (ASHAs) have fostered cultural acceptance and support for breastfeeding mothers.

The program has trained thousands of healthcare professionals, including ASHAs, Auxiliary Nurse Midwives (ANMs), and doctors, to provide accurate breastfeeding guidance. This ensures that mothers receive proper support at every stage of their breastfeeding journey.

Establishing breastfeeding corners in healthcare facilities and public spaces has enhanced the convenience and comfort for nursing mothers, promoting breastfeeding even outside the home. By emphasizing optimal breastfeeding practices, the program has contributed to reduced infant mortality rates and lower incidences of malnutrition and infection-related diseases such as diarrhoea and pneumonia.

While the program has achieved significant milestones, challenges like inadequate infrastructure in remote areas, cultural barriers, and limited awareness in specific communities remain. Strengthening monitoring mechanisms, improving healthcare infrastructure, and integrating breastfeeding promotion with other maternal and child health initiatives are vital for sustained success.

Conclusion:

The MAA program has laid a strong foundation for improving infant nutrition and maternal health in India. Its achievements underscore the importance of breastfeeding in shaping healthier generations, with continued efforts needed to address existing gaps and enhance the program's impact.

Dr. Kedar Singh Chaudhary
CON, GMCH Bharatpur
Rajasthan

RECENT ADVANCES AND THE INTEGRATION OF NEWER VACCINES IN THE IMMUNIZATION PROGRAM STRENGTHEN THE MISSION OF INDRADHANUSH.

Mission Indradhanush, initiated by the Government of India in 2014, seeks to achieve full immunization coverage for all children and pregnant women, especially in underserved areas. In recent years, the program has been strengthened through the integration of newer vaccines and technological innovations, enhancing its scope and effectiveness in combating vaccine-preventable diseases. The inclusion of RVV has significantly reduced hospitalizations and mortality caused by severe diarrheal diseases among children, addressing a leading cause of childhood mortality. The addition of PCV aims to prevent pneumonia and invasive pneumococcal diseases, major contributors to child morbidity and mortality in India.

A dual vaccine targeting measles and rubella has been introduced to eliminate measles and control congenital rubella syndrome, enhancing child survival rates.

IPV, alongside the oral polio vaccine (OPV), strengthens polio eradication efforts by providing added immunity and minimizing the risk of poliovirus resurgence.

Introduced in select regions, the HPV vaccine prevents cervical cancer, a significant cause of mortality among women, marking progress in adolescent immunization efforts. Digital tools like the Electronic Vaccine Intelligence Network (eVIN) ensure efficient vaccine stock management, minimize wastage, and maintain cold chain integrity.

Intensified Mission Indradhanush (IMI) focuses on improving coverage in areas with low immunization rates, using micro-level planning and data-driven strategies. Healthcare workers are being trained to deliver newer vaccines effectively, ensuring better service delivery and community trust.

Awareness campaigns and collaboration with local influencers have addressed vaccine hesitancy, promoting acceptance of newer vaccines in rural and marginalized areas

The inclusion of newer vaccines has reduced childhood morbidity and mortality, advanced India's goal of eliminating vaccine-preventable diseases, and contributed to achieving Sustainable Development Goals (SDGs) related to health and well-being.

Conclusion:

Integrating advanced vaccines and innovative technologies has significantly strengthened Mission Indradhanush, ensuring equitable immunization coverage and paving the way for a healthier India. Continued efforts to address challenges and expand access will further enhance its impact.

Dinesh Kumar Verma
PGIMER, Chandigarh

GOVERNMENT INITIATIVES AND PROGRAMS RELATED TO CHILDREN RBSK, JSSK & RMNCH+A

This session focussed on various government initiatives and programs related to RBSK, JSSK and RMNCH+A. It was mentioned that Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, deficiencies, diseases, Developmental delays, and disability. It is important to note that the 0-6 age group are specifically managed at the District Early Intervention Center (DEIC) level, while for the 6-18 age group, conditions are managed through existing public health facilities. The first level of screening is done at all delivery points through existing Medical Officers, Staff Nurses and ANMs. Dedicated Mobile Health teams do outreach screening for 6 weeks to 6 years at Anganwadi centres and 6-18 years children at school. Building on the progress of the safe motherhood scheme Janani Suraksha Yojana (JSY), another major initiative, Janani Shishu Suraksha Karyakaram (JSSK), was launched in June 2011 to eliminate out-of-pocket expenses for both pregnant women and sick infants. Essential care is provided to the mother and her neonate within 48 hours. Reasons like high out-of-pocket expenditure on diagnostics/investigations, blood, drugs, food and user charges institutional delivery JSSK was launched in June 2011 to eliminate out-of-pocket expenses for institutional delivery of pregnant women and treatment of sick infants. The Continuum of Care approach of defining and implementing evidence-based packages of services for different stages of the lifecycle at various levels in the health system has been adopted under the national health programme. This strategic approach to Reproductive, Maternal, Newborn, Child Plus Adolescent Health (RMNCH+A) is described. The 'Plus' in the strategic approach denotes the (1) inclusion of adolescence as a distinct 'life stage' in the overall strategy and (2) linking of maternal and child health to reproductive health and other components (like family planning, adolescent health, HIV, gender and Preconception and Prenatal Diagnostic Techniques (PC&PNDT).

Dr. Parmees Kaur
CON GMCH, 32 Chandigarh.

POCSO ACT, JUVENILE DELINQUENCY & FORENSIC NURSING: AN INTEGRATED APPROACH TO CHILD PROTECTION

Child protection in India has been significantly strengthened by the Protection of Children from Sexual Offenses (POCSO) Act, 2012, provisions for addressing juvenile delinquency, and the emerging role of forensic nursing. An integrated approach combining these elements ensures a comprehensive framework for safeguarding children's rights and well-being.

The POCSO Act is a landmark legislation aimed at protecting children from sexual offences. It defines and penalizes various forms of abuse, including sexual harassment, assault, and pornography. Key provisions include Gender-neutral definitions to encompass abuse of both boys and girls, Child-friendly reporting and judicial procedures, such as in-camera trials, Mandatory reporting of offences, and holding individuals and institutions accountable. The Act has been instrumental in sensitizing stakeholders about the gravity of child abuse and ensuring timely legal intervention.

Juvenile delinquency refers to criminal or antisocial behaviour by individuals below 18 years of age. The Juvenile Justice (Care and Protection of Children) Act, 2015 provides a framework for dealing with such cases. It emphasizes rehabilitation and reintegration rather than punitive measures, with key provisions including the creation of Juvenile Justice Boards (JJBs) for legal proceedings, the establishment of observation homes and special homes for care and rehabilitation, a separate approach for children in conflict with the law and those in need of care and protection. The Act recognizes the importance of addressing the root causes of delinquency, such as poverty, abuse, and lack of education, while ensuring accountability.

Forensic Nursing: Bridging Health and Law

Forensic nursing plays a critical role in child protection by integrating healthcare with legal systems. Forensic nurses: Provide immediate medical care and psychological support to abused children, Collect, document, and preserve evidence for legal proceedings, and Collaborate with law enforcement, legal professionals, and social workers to ensure holistic care and justice. Forensic nursing enhances the effectiveness of child protection frameworks by addressing the physical, psychological, and legal aspects of abuse cases.

Combining the POCSO Act, juvenile justice frameworks, and forensic nursing ensures a multi-disciplinary response to child protection. This approach prioritizes prevention, care, and justice, fostering a safer environment for children and empowering them to thrive. Strengthening inter-agency collaboration and capacity-building for professionals is essential to maximize its impact.

Prof. Dr. Smriti Arora
CON AIIMS, Rishikesh UK

RECENT ADVANCEMENTS AND INNOVATIONS IN THE MANAGEMENT OF CHILDREN WITH TYPE 1 DIABETES

Type 1 diabetes (T1D) in children requires comprehensive care to maintain optimal glycemic control and prevent complications. Recent advancements in T1D management have revolutionized care, enhancing both treatment efficacy and quality of life. Closed-loop systems, often referred to as artificial pancreas technology, integrate continuous glucose monitoring (CGM) with insulin pumps. These systems automatically adjust insulin delivery based on glucose levels, significantly reducing the burden of self-management. Hybrid systems that allow user input are increasingly popular among paediatric patients.

CGMs now provide real-time glucose data with improved accuracy and reliability. Devices equipped with alarms for hypo- and hyperglycemia enhance safety, while smartphone connectivity ensures data sharing with caregivers and healthcare providers. The availability of less invasive CGMs has also increased adherence among children. Smart insulin pens track dosing history and integrate with apps to provide personalized recommendations. These pens enhance adherence and minimize dosing errors, which is particularly beneficial in managing paediatric T1D. Medications like sodium-glucose co-transporter-2 (SGLT2) inhibitors and glucagon-like peptide-1 (GLP-1) receptor agonists are being explored to improve glucose control and reduce insulin requirements in children, although more research is needed to confirm their safety and efficacy in paediatric populations. Mobile apps and telehealth platforms have emerged as valuable tools for educating children and families about T1D management. These tools enable remote monitoring, virtual consultations, and personalized care plans, reducing the need for frequent hospital visits.

Research into islet cell transplantation and gene-editing technologies such as CRISPR holds promise for curative approaches. Though still experimental, these innovations could transform long-term T1D management. Programs integrating psychological support with diabetes care address emotional and behavioural challenges faced by children, fostering better outcomes.

In conclusion, advancements in technology, pharmacology, and care delivery are transforming T1D management in children, emphasizing precision, convenience, and holistic care. These innovations offer hope for improved glycemic control, reduced complications, and enhanced quality of life.

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CHALLENGES & RECENT MANAGEMENT STRATEGIES OF TUBERCULOSIS IN CHILDREN

Paediatric tuberculosis (TB) remains a significant global public health concern, disproportionately affecting children in low- and middle-income countries. Managing TB in children is challenging due to non-specific symptoms like fever, cough, and weight loss, which often delay diagnosis or lead to misdiagnosis. Additionally, conventional diagnostic tools, such as sputum culture and chest X-rays, are less effective in children, particularly in infants who cannot produce sputum. The detection of TB bacilli is further complicated by their lower concentration in paediatric cases, making bacteriological confirmation difficult. Latent TB, often asymptomatic, presents another hurdle in early identification and treatment. The emergence of multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) exacerbates the challenge, as second-line treatment options are more toxic, expensive, and less effective. Furthermore, the lack of child-friendly drug formulations, such as chewable tablets or liquid forms, affects adherence, especially in young children. Treatment adherence is also hindered by the prolonged duration of therapy (6–9 months) and potential side effects like liver toxicity. Co-infections, particularly with HIV and malnutrition, complicate treatment and hinder recovery. Limited healthcare access, resource constraints, and stigma further contribute to underdiagnosis and suboptimal care.

Recent management strategies focus on overcoming these challenges. Advances in diagnostic tools, such as GeneXpert MTB/RIF, urine-based diagnostics (LAM testing), and TB LAMP, have improved the accuracy and speed of TB detection in children. Efforts to develop paediatric-specific drug formulations, including fixed-dose combinations (FDCs) and shorter treatment regimens, enhance treatment adherence and outcomes. Preventive measures, such as contact tracing and isoniazid preventive therapy (IPT) for children exposed to TB or living with HIV, are critical in high-burden areas.

Integrated TB/HIV care models ensure timely diagnosis and treatment for co-infected children, emphasizing early antiretroviral therapy (ART) alongside TB management. Community-based and family-centred care approaches, supported by health education and patient support programs, help reduce stigma and improve adherence. Vaccination with the Bacille Calmette-Guérin (BCG) vaccine remains essential, with ongoing research into new vaccine candidates.

Innovative approaches, such as telemedicine and digital adherence tools, are increasingly employed to improve treatment monitoring and follow-up care. Strategies for managing drug-resistant TB now include paediatric-friendly regimens incorporating newer drugs like bedaquiline and delamanid, with personalized therapy based on drug susceptibility testing. These developments represent significant progress in addressing the challenges of paediatric TB, aiming to reduce its global burden.

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STRATEGIES AND INTERVENTIONS TO ADDRESS MALNUTRITION AND MICRONUTRIENT DEFICIENCY IN THE PAEDIATRIC POPULATION

Malnutrition and micronutrient deficiencies among children remain significant public health challenges, particularly in low- and middle-income countries. These conditions impair growth, cognitive development, immune function, and overall health, leading to long-term consequences. Effective strategies and interventions are essential to combat these issues and ensure a healthy start in life. The foundation of paediatric nutrition begins with maternal health. Interventions like prenatal care, iron and folic acid supplementation, and counselling on proper nutrition during pregnancy ensure optimal fetal growth. Postnatally, exclusive breastfeeding for the first six months, followed by appropriate complementary feeding, provides essential nutrients during the critical window of development. Fortifying staple foods like rice, wheat flour, and salt with essential vitamins and minerals, such as iron, vitamin A, and iodine, has proven effective in reducing micronutrient deficiencies. These programs are cost-effective, scalable, and can reach large populations. Targeted supplementation programs, such as providing vitamin A, zinc, and iron supplements, address specific deficiencies. For instance, vitamin A supplementation reduces child mortality, while iron supplementation combats anaemia, a prevalent issue among children under five. Educating caregivers about balanced diets, portion sizes, and local food sources rich in nutrients is crucial. Behaviour changes communication strategies, like community workshops and school-based programs, empower families to make informed dietary choices. Malnutrition is often linked to poverty, food insecurity, and poor sanitation. Addressing these underlying causes through poverty alleviation programs, social safety nets, and initiatives to improve access to clean water and sanitation is essential. Integrating nutrition interventions with broader health and development programs amplifies their impact. School meal programs ensure children receive at least one nutritious meal daily. These programs can also be vehicles for delivering fortified foods and nutrition education. Implementing robust monitoring systems to track the nutritional status of children helps in identifying gaps and refining interventions. Periodic surveys and data-driven decision-making enhance program effectiveness.

Addressing malnutrition and micronutrient deficiencies requires a multisectoral approach involving governments, healthcare systems, NGOs, and communities. With coordinated efforts and sustained investment, it is possible to break the cycle of malnutrition, enabling children to reach their full potential.

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NUTRITIONAL MANAGEMENT OF CRITICALLY ILL CHILD

Nutritional management is a cornerstone in the care of critically ill children, playing a vital role in recovery, immune function, and overall prognosis. Due to the complexity of their conditions, nutritional support must be individualized, evidence-based, and initiated promptly.

The primary objectives are meeting the child's energy and nutrient needs, preventing catabolism, supporting organ function, and promoting healing. Balancing adequate caloric intake without overfeeding is critical to prevent complications such as hyperglycemia and metabolic disturbances.

A thorough assessment includes evaluating anthropometric data, biochemical markers, and clinical conditions. Predictive equations or indirect calorimetry are used to estimate energy requirements, which may vary due to the hypermetabolic or hypometabolic states seen in critical illness. Protein needs are higher in critically ill children to support growth and repair, often ranging from 1.5 to 2.5 g/kg/day.

EN is the preferred method of nutritional support due to its benefits in maintaining gut integrity and reducing the risk of infections. Early initiation within 24–48 hours of admission is recommended if the gastrointestinal (GI) tract is functional. Continuous or bolus feeding may be used based on the child's tolerance. Formulas are selected based on age, underlying conditions, and specific nutrient needs, such as protein-rich, calorie-dense, or hydrolyzed formulas.

PN is indicated when enteral feeding is contraindicated or insufficient to meet nutritional needs. It involves intravenous administration of nutrients carefully tailored to prevent complications like infections, hyperglycemia, or liver dysfunction. Transition from PN to EN should occur when the GI tract is functional.

Critically ill children often require supplementation of vitamins (e.g., A, C, D, and E) and minerals (e.g., zinc, selenium) to support immune function and recovery. Electrolyte balance must also be monitored closely. Continuous monitoring of nutritional status, metabolic response, and tolerance to feeding is essential. Adjustments are made based on changes in clinical status, laboratory values, and feeding tolerance. Collaboration among intensivists, dietitians, and nurses ensures comprehensive care. Addressing psychosocial factors and involving caregivers in decision-making is also crucial.

In summary, nutritional management of critically ill children requires early intervention, individualized planning, and ongoing monitoring. Optimizing nutrition improves clinical outcomes and enhances the child's recovery and long-term growth potential.

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EARLY IDENTIFICATION OF SICK NEWBORNS IN FAMILY-INTEGRATED CARE IN THE NICU

The Family Integrated Care model is a multi-component program designed by the researcher. The aim of the program is to reduce stress and enhance the self-efficacy of the parents of preterm neonates whose babies are admitted to the NICU. It is designed to educate the parents, involve them in caring for their fragile neonates in the NICU, and prepare them for transition to home. The main purpose of this program is to evaluate the effect of the family-integrating care Model on the stress and self-efficacy of the parents whose neonates are admitted to the NICU and its impact on the physiological and neurological parameters of preterm neonates. The Objectives of the Family Integrated Care model for the parents of preterm neonates is to reduce the stress experienced by the parents of preterm neonates admitted in NICU, enhance the self-efficacy of parents of preterm neonates admitted in NICU, to stabilize the physiological parameters of preterm neonate within normal range and to augment the neurological development of the preterm neonate. Method of Teaching included are as follows: Lecture cum discussion, Demonstration, Return Demonstration. The entire program will be of 7 days. Each day the mother has to spend at least 6 hrs per day, and the father has to spend at least 2 hrs every day with the baby in the NICU. The education session will be 20-30 minutes, followed by the parent's involvement in caring for their preterm neonate in NICU for a minimum 2hrs for the father and 4-6 hrs for the mother. Subsequently, peer group discussions will be held with the other parents whose neonates are admitted to the NICU. Parents of preterm neonates born during the gestational period between 28-36 weeks are admitted to NICU.

The purpose of the NICU and the equipment used for preterm babies are as follows: NICU staff includes neonatologists, paediatric residents, and neonatal nurses. Parents are oriented to NICU equipment like radiant warmers, heart monitors, and ventilators. Hygiene protocols are emphasized, including proper handwashing and attire before entering the NICU. Characteristics of preterm neonates are discussed, such as their fragile skin, underdeveloped cartilage, and small muscle tone. Developmental care focuses on gentle handling, minimal stimulation, and proper positioning, like nesting and swaddling. Parents are trained to recognize stable and stress cues in their babies, such as changes in breathing, body tone, and colour. The session covers the challenges of prematurity, including thermoregulation, feeding difficulties, and common health issues like jaundice or apnea.

The importance of breastfeeding is stressed, highlighting benefits for both baby and mother. Mothers are taught proper breastfeeding positions, expressing milk, and alternative feeding methods like spoon or paladai feeding. Signs of successful breastfeeding and adequate milk intake are discussed.

Kangaroo Mother Care (KMC) is demonstrated, focusing on its benefits, including stable temperature, improved oxygen levels, and bonding. Post-discharge follow-up care is detailed, emphasizing regular OPD visits for growth monitoring, weight gain, and immunization. The plan employs videos, demonstrations, and ward rounds for practical learning. Parents are empowered to care for their preterm babies, enhancing recovery and fostering development.

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USE OF ARTIFICIAL INTELLIGENCE IN NURSING EDUCATION, PRACTICE & RESEARCH

Artificial Intelligence (AI) is revolutionizing nursing education, practice, and research by enhancing learning experiences, improving patient outcomes, and streamlining workflows. Its integration into these domains is transforming traditional methods and preparing nurses for technologically advanced healthcare environments. AI tools such as virtual simulations create realistic clinical scenarios where students can practice decision-making in a safe environment. These scenarios adapt to students' actions, providing real-time feedback for personalized learning. Intelligent tutoring systems and personalized study plans cater to individual learning styles, ensuring tailored educational experiences. AI also evaluates clinical competencies using simulations, automates grading, and supports non-native speakers and students with disabilities through language and accessibility tools like speech-to-text and translation software.

Predictive analytics identifies at-risk students, enabling timely interventions while helping educators optimize curricula based on learning trends. By automating routine tasks, AI allows educators to focus on mentorship, fostering better educational outcomes. AI supports clinical decision-making by analyzing patient data to assist with diagnoses, treatment plans, and predicting complications. Remote patient monitoring tools provide real-time vital sign tracking, while chatbots handle basic inquiries and escalate serious concerns. Workflow optimization through AI reduces administrative burdens, enabling nurses to dedicate more time to patient care.

AI-powered personalized care planning integrates patient history and predictive analytics, offering individualized treatment strategies. On-the-job tools also provide real-time guidance, boosting nurses' clinical competency and confidence. AI enhances research by analyzing large datasets to identify trends and risk factors. Machine learning accelerates systematic reviews and meta-analyses. Predictive analytics forecasts disease progression and treatment outcomes, while Natural Language Processing (NLP) extracts data from electronic health records for population health studies. AI also streamlines clinical trials by identifying participants, monitoring adherence, and optimizing outcomes. Simulations driven by AI help design research studies efficiently, reducing the need for costly pilot testing.

AI increases efficiency, precision, and accessibility in education, practice, and research, ultimately improving patient care. However, ethical concerns, data privacy, high implementation costs, and the need for skill development remain challenges. While AI will not replace nurses, those proficient in AI tools will have a significant advantage.

Collaborative efforts are essential for successful AI integration, ensuring it complements nursing's human-centric approach while maximizing its transformative potential.

Dr Arun Jindal,
Joint Secretary PNNFI

Happiness of Nursing Professionals: A Key to Quality Patient Care

Happiness has always been a profound human pursuit, more treasured than monetary success or even spiritual achievements. Recognizing that our world needs more than just technically skilled professionals, it is the need of the hour to transform education by teaching not just knowledge, but the essential skills of happiness, compassion, and personal growth. We believe that true success is measured not only by academic achievements but by an individual's ability to spread joy, show empathy, and contribute meaningfully to society. In the intricate world of healthcare, the emotional well-being of nursing professionals emerges as a critical yet often overlooked cornerstone of quality patient care. This speech delves deep into the profound connection between nurse happiness and exceptional medical outcomes, challenging traditional healthcare paradigms and offering a ground-breaking perspective on patient safety. Investing in the happiness of nursing professionals is not merely a compassionate approach, but a strategic imperative for creating more resilient, efficient, and patient-centred healthcare systems.

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Abstracts

Oral Paper/Poster

PNNFICON2024

A study to assess the effect of Planned Information Campaign Program on knowledge regarding Breast Cancer among adolescent girls at selected Private Schools, Lucknow

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Background:
"Cancer ranks among the top ten leading causes of death in India. It is estimated that at any given time, there are approximately 2-2.5 million cancer cases in the country. According to WHO, in 2020, approximately 6,85,000 women died from the disease. breast cancer is the most frequently diagnosed malignancy in women globally, accounting for 22%of cases in India. It ranks second after cervical cancer, making up 18.5% of diagnoses.

Objectives:
The objectives of the study are to assess the level of knowledge regarding Breast Cancer among adolescent girls of selected private schools, Lucknow, and to evaluate the effect of the planned information campaign program on knowledge regarding Breast Cancer among teenage girls of selected private schools, Lucknow, to associate the level knowledge with selected demographic variables among adolescent girls of selected private schools, Lucknow.

Methods:
A quantitative approach with a pre-experimental one-group pretest post-test design was used. The study included 50 adolescent girls age group (13-18). A non-probability purposive sampling technique was used. Data collection involved a pretest, an educational intervention, and a post-test on the day.

Results:
The pretest results indicated that 36% of adolescent girls had poor knowledge, 60% had average knowledge, and 4% had good knowledge regarding breast cancer. The post-test results showed significant improvement, with 62% of adolescent girls having good knowledge. Knowledge. levels also improved significantly, with 88.52% of mothers showing good practice. The paired t-test showed a significant increase in knowledge scores post-intervention ($p < 0.001$).
Conclusion: The present study revealed that a planned information campaign programme on knowledge regarding breast cancer is effective. Researchers observed that the adolescent girls had a lack of knowledge regarding breast cancer.

A qualitative study to determine lived-in experiences of parents of autistic children.

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Background:
The researcher wants to better understand how the parents experience this challenging phase of their child's journey and what are their strength and weakness in managing the autistic child's needs, daily care practices, and their parent role, the parent's experience with an autistic child which will help nurses to formulate strategies to involve parents effectively in child's care.

Objectives:
To determine the lived-in experiences of parents with autistic children.

Methods:
A qualitative phenomenological study design was used.Anonymised data on the lived experiences of parents recorded through the interview process were obtained from the rehabilitation centre of Kanpur. Three parent interviews were conducted in the rehabilitation centre of Kanpur. Qualitative data was analyzed thematically.

Results:
The concurrent study identified certain major themes: Impact on daily life, Challenges in raising an autistic child, Recognition of problem, Initial reactions of parents and family, Transformation in parenting an autistic child, Child health behaviour, Assumption of the causes, Professional support to change the condition of an autistic child.

Conclusion:
The lived experiences were found to be predominantly difficult for most of the children with autism, and late findings of the condition and high-demand rehabilitation centres pose major challenges to them. Especially the parents felt physically exhausted due to the continuous supervision of their child and emotional problems such as sadness and worry about the future of the child. The family wants to get more conscious care and support from the government.

A study to assess the effectiveness of planned teaching program on knowledge regarding hand washing techniques among the students of class 4th and 5th at selected primary schools at Lucknow

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Background:
Our hands do so much for us. They are capable of a wide variety of functions like touching, grasping, feeling, holding, manipulating, caressing, and performing daily activities and more.
Good hand hygiene is one of the most critical control strategies in breaking the chain of infection. Hand hygiene is defined as any method that removes or destroys microorganisms on hands. It is well-documented that effective handwashing is the most important measure for preventing the spread of pathogens.

Objectives:
To assess the pretest level of knowledge regarding hand washing techniques among the students of classes 4th and 5th at a selected primary school at Lucknow, to evaluate the effectiveness of planned teaching programs on handwashing techniques among the students of class 4th and 5th at selected primary school at Lucknow in term of post-test score, to find association between the selected demographic variables with the student's knowledge on handwashing techniques among the students of class 4th and 5th at selected primary school at Lucknow.

Methods:
A quantitative approach with a one-group pretest post-test design was used. The study included 50 primary school-going children in classes 4 and 5 . A non-probability convenience sampling technique was used. Data collection involved a pretest, followed by an educational intervention, and a post-test on the seventh day.

Results:
The pretest results indicated that 24% had inadequate knowledge regarding hand washing techniques,68% had moderate knowledge, and 8% had adequate knowledge.The post-intervention results showed significant improvement, with 66% having adequate knowledge regarding hand washing techniques.
The paired t-test showed a significant increase in knowledge scores post-intervention ($p < 0.001$).

Conclusion:
The study concludes that the educational package effectively improved the knowledge of primary school-going children of classes 4 and 5. The curriculum should be revised, considering hand hygiene for the school children's good health habits.

A study to assess placental weight between anaemic pregnant women and non-anemic pregnant women and correlate the placental weight with baby's weight at selected Hospital, Lucknow– Comparative cross-sectional study

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Background:
Compare placental weight between anaemic and non-anaemic pregnant women and investigate its correlation with baby weight. Understanding these relationships can help identify high-risk pregnancies and improve maternal and neonatal health outcomes.

Objectives: To assess placental weight in non-anaemic pregnant women and anaemic pregnant women, to assess baby's weight in non-anaemic pregnant women and anaemic pregnant women, to find the association between the placental weight and baby weight with selected demographic variables, to correlate placental weight with baby's weight in non-anaemic pregnant women and anaemic pregnant women.
Methods: The Study was conducted using a Quantitative research approach at Veerangana Avanti Bai Mahila Chikitsalaya, Lucknow. A non-experimental comparative research design has been adopted. The conceptual framework utilized in the study was Modified General System Theory. The total sample size was 100; before conducting the study, written consent was obtained from the sample subjects. A convenience sampling technique was used. Data collection was done by using a structured questionnaire, and for biological assessment and measurement, a structured questionnaire was developed.
Demographic and biological assessment data were analysed using descriptive statistics (frequency, mean, percentage and standard deviation) and inferential statistics (chi-square and unpaired 't' test were used).
Results: The unpaired T-test results show a significant difference in baby weight scores between non-anaemic and anaemic pregnant women. Non-anaemic women have a mean baby weight of 2949.38 grams with a standard deviation of 427.32, while anaemic women have a lower mean baby weight of 2574.50 grams with a standard deviation of 360.47. The T-test value is 4.742, and the p-value is 0.000, which is less than the significance level of 0.05. This indicates a statistically significant difference in baby weights, with non-anaemic pregnant women having significantly higher baby weights compared to anaemic pregnant women
The study concludes that the correlation between placental weight and birth weight of babies shows a significant difference with a positive correlation in both groups. This means that as the placental weight increases, the birth weight also increases, and vice versa.
Conclusion: The study concludes that the correlation between placental weight and birth weight of babies shows a significant difference with a positive correlation in both groups. The findings suggest that a decrease or increase in maternal Hemoglobin levels leads to changes in the placental weight, and also an alteration in placental weight may affect the baby's weight.

Nutritional status of the school-age children in Punjab: A cross-sectional study

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Background:
The future of India lies in the health of its children. A physical growth evaluation is an essential and appropriate method for measuring a child's nutritional status. When a person grows, it not only shows how well-nourished he or she is, but it also reveals the family's socioeconomic standing, the community's social health, the healthcare system's effectiveness, and the impact of the environment.

Objectives:
To assess the nutritional status among the students (6 to 12 years) studying in selected schools of Punjab.
To determine the association between nutritional status and the selected socio-demographic variables.

Methods: A quantitative research approach and descriptive research design were applied to assess the nutritional status among the students studying (age 6 to 12 years) in the selected schools of Punjab. Subjects were selected by convenient sampling technique. The data collection was done by measuring tape and weighing machine for anthropometric examination and circumference of the arm, and physical measurements like body weight and height. A semi-structured questionnaire related to dietary patterns was used. The collected data was analyzed and interpreted by using descriptive and inferential statistics.

Results:
The study findings showed that as per weight, out of 318 children, most of them (97.7%) were normal, and 7 (02.3%) were above normal/overweight. As per height, most of the subjects, 404 (98.6%), were normal, 05(01.2%) were stunted, and 01 (00.2%) were tall. As per BMI for age, the majority of subjects, 341 (83.2%), were normal, 001(00.2%) were wasted, 047(011.5%) were having the risk of being overweight, 017(04.1%) were overweight at present, and 004(01.0%) were obese.

Conclusion:
The present study concludes that most of the study subjects were normal in terms of weight, height, and BMI. Socio-demographic variables and calorie intake according to age and gender were highly significant for nutritional status. There is a need for regular assessment of anthropometric measurements to find out the early changes in the growth and development of school children.

Impact of Maternal teaching regarding Newborn Danger Signs on knowledge among mothers of newborn admitted in NICU and NNU at KGMU

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Background:
The most of the neonatal deaths (75%) happen within the first week of life. In sick newborns, it is important to identify danger signs as early as possible in health centres or at home and refer the newborn to the appropriate level of care settings such as the NICU or SNCU for further assessment and treatment.

Objectives: This study aimed to evaluate the impact of maternal teaching on knowledge regarding newborn danger signs among mothers of newborn (0-28) days admitted in the NICU and NNU at KGMU Lucknow

Methods:
A quasi-experimental, one-group pretest-post-test design was employed, and 113 mothers were selected through a purposive sampling technique. The intervention consisted of a maternal teaching program using a mini-booklet on newborn danger signs.

Results:
The pre-intervention results revealed that most mothers (55.76%) had poor knowledge regarding newborn danger signs, with a mean score of 11.67. Post-intervention, knowledge significantly improved, with the mean score increasing to 20.63 in the first post-intervention and 19.16 in the second post-intervention. The results demonstrated the effectiveness of the teaching program, as indicated by the significant differences in knowledge scores across the pre-intervention and post-intervention phases ($F = 120.27$, ($p < 0.001$). The study also found significant associations between pre-intervention knowledge and selected demographic variables, such as education level, number of post-natal visits, and prior source of information on newborn danger signs.

Conclusion:
These findings highlight the importance of educational interventions in improving maternal knowledge regarding newborn danger signs, which is crucial for early detection and management of newborn danger signs, thereby reducing neonatal morbidity and mortality.

A study to assess the nutritional status of infants and effectiveness of educational package on knowledge and practice of mothers regarding feeding habits of infants in Paediatric Unit at KGMU, Lucknow

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Background:
"Breastfeeding is best" for babies and is a worldwide concept. In spite of worldwide campaigns for the promotion of breastfeeding, achievements are not as desired. Infant feeding is affected by many factors, such as socioeconomic status, maternal education and place of living. Breastfeeding saves up to 5.9 million babies' lives every year and is the infant's first immunization against all infectious diseases. Breastfeeding is an important practice for appropriate and adequate care and feeding of infants, and it has nutritional, immunological, developmental, psychological, social, economic, and environmental benefits for infants, mothers, families, society and country.

Objectives: The objectives of the study to assess the nutritional status of the infants, to assess the pre-intervention knowledge and practice score of mothers regarding the feeding habits of infants, to assess the post-intervention knowledge and practice score of mothers regarding the feeding habits of infants, to compare pre-intervention and post-intervention knowledge and practice score of mothers regarding feeding habit of infants and to find out the significant association between pre-test knowledge and practice score with selected demographic variables.

Methods: A quantitative approach with a quasi-experimental one-group pretest post-test design was used. The study included 61 mothers of infants aged 29 days to 12 months. A non-probability purposive sampling technique was used. Data collection involved a pretest, followed by an educational intervention, and a post-test on the seventh day.

Results: The pretest results indicated that 16.39% of mothers had poor knowledge regarding breast feeding habits, 78.69% had average knowledge, and 4.92% had good knowledge regarding infant feeding habits. The post-intervention results showed significant improvement, with 78.69% of mothers demonstrating good knowledge. Practice levels also improved significantly, with 88.52% of mothers showing good practice in the post-test compared to 42.63% in the pretest. The paired t-test showed a significant increase in both knowledge and practice scores post-intervention ($p < 0.001$).

Conclusion: The study concludes that the educational package effectively improved the knowledge and practices of mothers regarding infant feeding, thereby enhancing the nutritional status of infants.

Impact of "food safety and hand hygiene" promotional program on knowledge regarding food safety and hand hygiene among school children

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Background:

Food safety and Hand hygiene are research-based directions that describe the storage, preparation, and handling of food and the importance of hand hygiene for preventing food-borne and infectious diseases. Polluted food can transmit food-borne diseases in the population, and unhygienic hands are the biggest source of making food contaminated and serve as the growth medium for micro-organisms that can cause food poisoning.

Objective:

To develop a promotional program and assess its effectiveness.

Methods:

A Quasi-Experimental pre-test and post-test design was used to assess the effectiveness of a "Food Safety and Hand Hygiene" Promotional Program on knowledge regarding Food Safety & Hand Hygiene Practices. A total of 400 subjects were selected using a simple random sampling technique (200 each group, the experimental group and the control group). Data collection was done by administering a structured knowledge questionnaire. Descriptive and inferential statistics were used for data analysis.

Results:

The pre-intervention knowledge of the subjects in the experimental group was 11.24 ± 2.52, and the control group was 11.82 ± 1.95. The post-intervention knowledge of the subjects in the experimental group was (20.29 ± 1.88) and the control group was (11.82 ± 1.95). The study showed a significant gain ($p<0.001$) in the knowledge scores after the program's administration. Conclusion: The present study concluded that the program was effective in improving the knowledge of Children (6-12 years of age group) studying in schools. There is a need to implement such a program in school health to spread awareness regarding food safety and hand hygiene among the students, as well as teachers, and to maintain a sound health status for the students.

Conclusion:

The present study concluded that the program was effective in improving the knowledge of Children (6-12 years of age group) studying in schools. There is a need to implement such a program in school health to spread awareness regarding food safety and hand hygiene among the students, as well as teachers, and to maintain a sound health status for the students.

Abstracts

Poster Presentation

PNNFICON2024

Characteristic of children with scald burn admitted in plastic surgery unit of the tertiary care center of North India

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Background:
Scalds are caused by contact with hot liquids or steam, mainly caused by spillage and immersion. The extent of the scald burn depends on the temperature, volume, and density of the liquid, the age of the child, and the ability to absorb the clothes. For the prevention of scalds, the need was felt to study the pattern and the characteristics of scald burns among children.

Objectives:
To assess the characteristics of scald and burn injuries in children admitted to the tertiary care center of north India.

Methods:
A descriptive study was conducted in plastic surgery units of the tertiary care centre in north India. A total of 45 children (aged up to 14 years) were enrolled using total enumerating sampling at the time of admission in the hospital. The caregivers were interviewed as per the interview schedule composed of (1) a sociodemographic profile of the children and caregivers, (2) a burn assessment sheet, and wound status.

Results:
The majority of scalds were due to spillage (84.4%), and 75.6% of children did not receive first aid, and 62.2% of children did not apply anything just after the burn. The majority of the scald happened indoors (77.8%). Most of the caregivers (84.4%) preferred a local civil hospital for the first consultation. The burnt area of 26.7% of children was in the range of 20-25 % TBSA. The common burnt part was lower extremities (26.1%) and chest (19.3%). Spillage from eatable items was responsible for 60% of burn (tea, coffee, milk, dal, etc.). Half of the scald happened where the kitchen was not separated from the living room; kitchen was sitting style or floor cooking. Most of the kitchens (60%) did not have doors and were attached to the living room. Age up to 3 years and male children at high risk for scald burn.

Conclusion:
Spillage is the most common mode of scald. The majority of scalds occurred indoors, i.e., in the kitchen and bathroom. It indicates a lack of awareness and poor handling of hot drinks and hot water in houses. Raising awareness among caregivers about protecting children from hot drinks and hot water is important for the prevention of scald burn injuries.

Assess the effectiveness of planned teaching programme on knowledge regarding vector borne diseases and its prevention among students of class 7th and 8th standards

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Background:
Vector-borne diseases are human illnesses. Vector arthropods can transmit pathogens from humans to humans and animals to humans and are caused by different pathogens, such as parasites, viruses, and bacteria, that are transmitted by vectors. The most important and common vectors are mosquitoes (Aedes, Anopheles, Culex), ticks, lice and files. The incidence of Malaria is estimated at 249 million cases globally. More than 6,08,000 death surveys per year. Dengue has more than 3.9 billion people in over 132 countries, with an estimated 96 million symptomatic cases and an estimated 40,000 deaths every year. Chikungunya has approximately 4,50,000 CHIKVD cases and over 160 deaths worldwide. Vector-borne diseases are a serious concern for the environment. It is important to stop the spread of fast-growing diseases such as Malaria, Dengue, and Chikungunya. They majorly affect people living in slum areas where people are more prone to infections than others. The loss of forests can act as an incubator for insect-borne diseases and other infectious diseases that afflict humans.

Objectives:
The objectives of the study are to assess the pre and post-test interventional level of knowledge of borne diseases. To assess the effectiveness of the planned teaching programme on knowledge regarding vector-borne diseases. To find out the association between the level of knowledge regarding vector-borne diseases among students of class 7th and 8th standards.

Methods:
A quantitative approach with a quasi-experimental one-group pretest post-test design was used. The study included 100 students of 7th and 8th standards aged approx. 10 to more than 15 years. A non-probability convenience sampling technique was used. Data collection involved a pretest, followed by a planned teaching programme, and a post-test on day 7.

Results:
The pretest results indicated that 58% of students had inadequate knowledge, 40% had moderate knowledge, and 2 % had adequate knowledge regarding vector-borne diseases. The post-test results showed significant improvement, with 0% having inadequate knowledge,59% having moderate knowledge, and 41% having adequate knowledge. The paired t-test showed a significant increase in both knowledge scores post-intervention ($p<0.001$)

Conclusion
The study concluded that the structured teaching programme was effective and significantly improved the level of knowledge among students of class 7th and 8th standards.

A study to assess the effect of structured teaching programme on knowledge and attitude regarding junk food consumption among adolescents at selected secondary school, Lucknow

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Background:
Food is crucial for human life as it supplies the body with energy and helps to protect against illness. The right kind of food is important for the promotion of health, and the wrong kind of food leads to the promotion of diseases. Eating junk food has become a popular trend today, despite being very harmful to health. This habit often occurs in childhood, quickly becoming a dependency that can persist throughout the person's life. Adolescents and young adults are particularly more prone to consuming junk food as compared to older people. A report by the United Nations Children's Fund (UNICEF, 2019) indicates that in low and middle-income countries, 42% of adolescents consume sugary soft drinks at least once a day, and 46% eat junk food at least once a week. These figures are higher among adolescents in higher-income countries, rising to 62% for soft drinks and 49% for junk food consumption. As a result, their high intake of such food can negatively impact on their health.

Objectives:
The objectives of the study are to assess the effect of the Structured Teaching Programme on knowledge regarding junk food consumption among adolescents at selected secondary schools in Lucknow. To assess the effect of the Structured Teaching Programme on attitudes regarding junk food consumption among adolescents at selected secondary schools in Lucknow. To find out the association between the level of knowledge and attitude regarding junk food consumption among adolescents at selected secondary schools in Lucknow.

Materials & Methods:
A quantitative approach with a quasi-experimental one-group pre-test & post-test design was used. The study included 120 adolescents aged 14 to 19 years. A non-probability purposive sampling technique was used. Data collection involved a pretest, followed by a structured teaching programme, and a post-test on day 5.

Results:
The pretest knowledge results indicated that 52.5% of adolescents had inadequate knowledge, 42.5% had moderate knowledge, and 5% had adequate knowledge and on assessing pre-test attitude 5.8% had unfavorable attitude, 82.5% having moderately favorable attitude and 11.6% having favorable attitude regarding junk food consumption. The post-test results showed significant improvement, with 74.1% of adolescents demonstrating adequate knowledge. Attitude levels also improved significantly, with 83.3% of adolescents showing favorable attitude in the post-test compared to 11.6% in the pretest. The paired t-test showed a significant increased in both knowledge and attitude scores post-intervention ($p < 0.05$).

Conclusion:
The study concluded that structured teaching programme improved the knowledge and attitude of adolescents regarding junk food consumption.

A study to assess the effectiveness of structured teaching programme on knowledge regarding Sexually Transmitted Diseases among adolescents of selected inter college, Lucknow

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Background:
Sexually transmitted disease is the most common infectious disease in the world. According to a recent estimate by the World Health Organization, approximately three hundred seventy million new sexually transmitted infections occur each year around the world, and almost half of the infected individuals are young in their age. The people often believe that STDs are something that affects some category of people. The fact is that sexually transmitted diseases can affect men and women from all backgrounds. Sexually transmitted diseases are transmitted from one person to another through intimate contact.

Objectives:
To assess the level of knowledge regarding Sexually Transmitted Diseases among adolescents of selected Inter College, Lucknow. To evaluate the effectiveness of a structured teaching programme on knowledge regarding Sexually Transmitted Diseases among adolescents of selected inter-college, Lucknow. To find out the association between pre-test knowledge with selected demographic variables.

Methods:
A quantitative approach with a pre-experimental one-group pretest post-test design was used. Study included 60 adolescents age group of 15-18 years. A purposive sampling technique was used. Data collection involved a pretest, followed by an educational intervention, and a post-test on the day7.

Results:
The pretest results indicated that 65% of adolescents had inadequate knowledge, 35% had moderate knowledge, and 0% had adequate knowledge regarding sexually transmitted diseases. The post-test results showed significant improvement, with 85% of adolescents demonstrating adequate knowledge. The paired t-test showed a significant increase in knowledge scores ($p < 0.05$).

Conclusion:
The present study revealed that a structured teaching programme on knowledge regarding sexually transmitted diseases is effective. Researchers observed that the adolescents had a lack of knowledge regarding sexually transmitted diseases. Knowledge should be provided to adolescents in order to prevent sexually transmitted diseases.

Effectiveness of Educational Interventions in Enhancing Menstrual Health Literacy and Dysmenorrhea Management Among Nursing Students: A Pre-test and Post-test Study

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Background:
Dysmenorrhea, a prevalent and often debilitating condition among adolescent females, significantly impacts quality of life and academic performance. Despite its high prevalence, awareness and effective management remain inadequate due to cultural stigmas and knowledge gaps. This study examines the effectiveness of an educational intervention in improving menstrual health literacy and management of dysmenorrhea among nursing students.

Methods:
A pre-experimental, one-group pretest-posttest design was utilized with 68 nursing students selected via convenient sampling. A structured questionnaire, including a 30-item multiple-choice test and demographic variables, assessed pre-intervention and post-intervention knowledge. A 30-minute educational session focused on menstrual health and dysmenorrhea management strategies was delivered. Data were analyzed using paired t-tests to evaluate changes in knowledge and chi-square tests to assess associations with demographic factors.

Results:
Post-intervention knowledge scores improved significantly, with 52% of participants achieving "Good" knowledge levels compared to 22% pre-intervention ($t = 7.42$, $p < 0.001$). Significant associations were observed between post-test knowledge levels and demographic factors, including year of study ($p = 0.033$) and family history of dysmenorrhea ($p = 0.013$).

Conclusion:
Educational interventions are highly effective in enhancing menstrual health literacy and self-management of dysmenorrhea among nursing students. Tailored health education programs should be integrated into curricula to address this critical public health issue. Future studies should explore long-term retention of knowledge and behavioral outcomes across diverse populations.

Impact of Educational Intervention on Knowledge Regarding consequences of Obesity and Its Preventive Measures Among Obese Individuals

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Background:
Obesity is a significant global health challenge associated with increased risks of non-communicable diseases such as type 2 diabetes, cardiovascular diseases, and hypertension. Despite its health and economic implications, a lack of awareness regarding obesity's risks and preventive measures remains a critical barrier to its prevention. Educational interventions have shown promise in bridging this knowledge gap and fostering healthier behaviours.

Objective:
To evaluate the impact of a structured educational intervention on knowledge regarding the hazards of obesity and its preventive measures among obese individuals.

Methods:

A pre-experimental one-group pretest-posttest study design was employed. The study was conducted among 125 participants aged 25–65 years from urban Jaipur, India, selected through convenience sampling. Data were collected using a demographic questionnaire and a validated 27-item multiple-choice questionnaire assessing obesity-related knowledge. A 45-minute educational session covering obesity risks, healthy diets, physical activity, and behavioural strategies was delivered.

Results:
The mean knowledge score improved significantly from 12.5 (pretest) to 18.7 (posttest) ($p < 0.001$). The proportion of participants with "Good" knowledge increased from 10.4% to 53.6%, while those with "Poor" knowledge decreased from 56.8% to 11.2%. Significant associations were observed between knowledge improvement and education level, monthly income, physical activity, dietary habits, and prior awareness of obesity risks ($p < 0.05$).

Conclusion:
The educational intervention effectively enhanced knowledge regarding obesity risks and preventive measures among participants. Structured educational programs hold transformative potential for addressing the obesity epidemic, particularly when tailored to specific populations—keywords: Obesity, Educational intervention, Knowledge improvement, Prevention, Public health, Health education.

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