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# The Playground Chat

A NEWSLETTER BY DR VINIT MEHTA

OUR MOTTO : "We help young moms to shape a healthy well being for their children"

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NEWSLETTER FOR  
HEALTH &  
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# HOW MUCH SHOULD BE THE WEIGHT GAIN IN EARLY DAYS?

**For any newborn child the most important thing to keep a watch on is the weight of the child.** It's the single most factor responsible for good growth, better neurodevelopmental outcome and for general health & wellbeing of the child.

Most newborn babies who are delivered near their due dates (37 to 40 weeks) have a weight of 2.5 to 4 kg. Babies below 1.5 kg at birth are termed as low birth weight babies.

Normal term babies go through various transition in weight after birth so here are some key points to take a note of:

- **Most babies lose weight during first 2 to 3 days of life.** The weight loss varies between 5 to 8% of birth weight. The weight remains stationary during next 1 to 2 days and birth weight is gained by the end of first week.

- **The factors contributing to initial weight loss** include removal of vernix, mucus and blood from skin, passage of meconium and reduction of extracellular fluid volume, the transition from in-utero parenteral nutrition to postnatal oral feeding is associated with transient interruption in the physical growth of babies. Deliberate starvation and delayed feeding is associated with excessive weight loss.

- Exclusively breastfed babies tend to lose relative more weight due to **inadequacy of lactation during initial 2 to 3 days.**

- **Small-for-date babies**, if fed early and adequately, do not lose weight and start gaining weight within 2 to 3 days after birth.

- During first year of life average, **daily weight gain** is around 30 gram, 20 gram and 10 gram during first, second and third 4-month periods respectively.

**Most infant double their weight by 4 to 5 months of age and triple it by their first birthday.** It is mandatory that periodic weight record should be taken and charted on Road-to-Health cards during preschool years.



# THE TRUTH ABOUT THUMB SUCKING!

One of the earliest behaviours shown by newborn is thumb sucking. Thumb sucking is a **behaviour found** in humans & primates. It usually involves placing the thumb into the mouth and rhythmically repeating sucking contact for a prolonged duration. It can also be accomplished with finger & toes.

In fact thumb sucking often **begins in** the womb at 29 weeks plus.

- Sucking is vital for survival and is a reflexive response to any nipple shaped object brushing the cheek or lips.
- It is a natural coping mechanism for children.
- Most babies stop spontaneously by age 4-5.

Most **dentists** agree that if thumb sucking stops by 5 years of age, there is no real need to be concerned about tooth development. However, sucking puts pressure on sides of upper jaw and soft tissue of roof of the mouth, which causes upper jaw to become narrow and thus teeth do not meet properly from top to the bottom.

**Worry however, if**

- the child is older than five
- sucks intensely and through the night instead of just when going to sleep
- if there are visible signs of tooth impairment or speech impediment.

Sometimes thumb sucking occurs as regressive behaviour when the toddler becomes **insecure**. In such cases the habit will probably vanish with the cause. Take extra care to be loving to the child since this is his way of telling you that all is not well with his world.

There are numerous **home remedies** prescribed for getting rid of this habit but opinions are divided on their efficacy. Sometimes remedies such as tying a bandage on the thumb or putting chilly powder on the thumb, backfire, making the child more insecure.

Majority times child does it for self-comfort, so need not to worry a lot. Keep gently reminding him to stop without turning it into such a big issue that he either rebels or becomes insecure. **No child will go off to college sucking his thumb, it will eventually come to an end.**



# A HEPATITIS FREE FUTURE

World Hepatitis Day is commemorated each year on 28 July to enhance awareness of viral hepatitis, an inflammation of the liver that causes a range of health problems, including liver cancer.

There are five main strains of the hepatitis virus – A, B, C, D and E. Together, hepatitis B and C are the most common cause of deaths, with 1.3 million lives lost each year. Amid the COVID-19 pandemic, viral hepatitis continues to claim thousands of lives every day.

A hepatitis-free future is achievable with a united effort

WHO is calling on all countries to work together to eliminate viral hepatitis as a public health threat by 2030

**PREVENT** infection among newborns. All newborns should be vaccinated against hepatitis B at birth, followed by at least 2

additional doses.

**STOP TRANSMISSION** from MOTHER to CHILD. All pregnant women should be routinely tested for hepatitis B, HIV and syphilis and receive treatment if needed

**LEAVE NO ONE BEHIND.** Everyone should have access to hepatitis prevention, testing and treatment services, including people who inject drugs, people in prisons, migrants, and other highly-affected populations.

**EXPAND** access to testing and treatment. Timely testing and treatment of viral hepatitis can prevent liver cancer and other severe liver disease.

**MAINTAIN** essential hepatitis services during COVID-19. Prevention and care services for hepatitis - such as infant immunization, harm reduction services and continuous treatment of chronic hepatitis B - are essential even during the pandemic.

## CHILD & ADULT VACCINATION

Hepatitis-free

future

# HEPATITIS B

# HEPATITIS A

All neonates should be given Hepatitis B dose at birth followed by 2 doses at 1 & 6 months compulsory

All those who haven't taken the vaccine including adults should be given 3 doses at 0, 1 & 6 months

Primary schedule are 2 doses at 1 year & 1.5 year

All those who haven't taken the vaccine including adults should be given 2 doses 6 months apart

#get\_vaccinated



# #POSITIVE\_PARENTING

More than a year into lockdown, working parents have made their peace with multiple kid interruptions throughout the day. But **what happens when children's need clash with work deadlines and you find yourself unconsciously snapping at your child?** Occasionally snapping at your kids is expected, especially with everyone stuck indoors. Some ways to mitigate the issue:

## IT'S NORMAL

The first thing to know is that all parents snap at their children and that doing so occasionally doesn't make you a bad parent. There is this kind of expectation that children should be protected from feeling any negative emotion. But that's toxic positivity. It's not normal. We have a range of emotions that include feeling frustrated, anxious and worried.

## TALK IT OUT

The most important thing is what happens after you snap at your children. First, acknowledge your mistake. After you've calmed down, apologise to your child, and talk to them in an age-appropriate way about your feelings. You don't have to go into the details of why you reacted the way you did, but you can say something like this: I'm sorry I yelled. I got frustrated, but it's not your fault I lost my cool. Here's

how I could have handled it better. Then you can talk about ways to calm down that you could have used, like going for a walk, taking a deep breath or walking away from the discussion. It's a learning opportunity for the child.

## GIVE YOURSELF A TIMEOUT

If you're so overwhelmed that you can't think about what is developmentally appropriate, give yourself a time out. While it's not always possible – especially if your child is so young, they can't be left alone and you're the only parent in the situation – try to give yourself that space to call a friend or scream into a pillow if you're emotionally overwhelmed.

When parents have too-high bars for perfection and flawlessness, they feel they can't walk out of the room or give the child five more minutes of screen time, even if it would help the parent calm down. Don't fall into this martyr trap.

## PLAN FOR THE FUTURE

Remember, kids struggle with impulse control. Knowing you're nearby is too enticing for them not to ask for help. One way to tackle interruptions is to put a 'Do Not Disturb' sign on your office door or near your desk as a visual cue to remind children to pause before asking for help. If children are finding it irresistible to interrupt, set a timer for 30 minutes that can delay them from entering the room, at which point the urge might pass.

## CONSIDER EXTERNAL HELP



# UNDERSTANDING EMOTIONAL NEEDS FOR CHILDREN!!

·Children may express psychological distress (anxiety, sadness) by acting out in a different way – each child behaves differently. Some may become silent while other may feel and express anger and hyperactivity. Caregivers need to be patient with children and understand their emotions.

·All emotions are valid emotions and as caregivers we need to understand with empathy.

·Sometimes engaging with creative interactive activity, such as playing and drawing can facilitate this process. Help children find positive ways to express disturbing feelings such as anger, fear and sadness.

·Keep regular routines and schedules as much as possible.

·If children are witnessing violence at home, or if they are target of the violence, it causes trauma and distress that may lead to disruptive behaviour.

·Explain to them that nobody should be stigmatized or signalled for having the disease.

·Avoid watching, reading, listening or discussing too much news about COVID 19 and persuade children to divert their attention to other topics as well.

If someone is sick in the family and have been taken to the hospital, or if there has been a death, children may experience added anxiety and may need specialised help.

## HELPING CHILDREN DEAL WITH STRESSFUL EVENTS

**LISTEN :** Give children opportunities to talk about what they are feeling. Encourage them to share concerns and ask questions.

**COMFORT :** Use simple tools to comfort and calm children like telling stories, singing with them and playing games. Praise them frequently for their strengths such as showing courage, compassion and helpfulness.

**REASSURE :** Reassure them that you are prepared to keep them safe. Provide them with correct information through valid sources.

Some children may also face serious mental health issues due to ongoing pandemic. They may exhibit following signs:

- **Difficulties in sleeping and eating**
- **Nightmares**
- **Being withdrawn or aggressive**
- **Complain of pain in stomach or headache without physical reasons**
- **Having fears, being afraid to be left alone**
- **Clinging, depending behaviours**
- **New fears manifest (for instance of the dark)**
- **Decreased interest in playing and engaging in playful activities**
- **Being sad, crying more than usual or for no apparent reason**







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(MD Pediatrics)

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**Contact : 83479 90180**



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IF YOU HAVE ANY FRIEND WITH ABOVE PROBLEMS, FEEL FREE TO SEND IT ALONG. WE'D BE HAPPY TO FOLLOW-UP WITH ANY OF THEM, AND WE'LL BE SURE TO LET YOU KNOW WHETHER WE COULD HELP.

WE KNOW YOU VALUE YOUR RELATIONSHIPS AND SO DO WE. IF YOUR FRIENDS ARE EXPERIENCING A PROBLEM WE'VE HELPED YOU SOLVE, WE'D LOVE TO HELP THEM TOO. IF THERE'S ANYTHING ELSE WE CAN DO, PLEASE LET US KNOW.

SINCERELY,

DR VINIT MEHTA,  
AASHREY CHILD CLINIC

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