
Call for Editorial Board Members

As you are well aware that we are a medical and health sciences publishers; publishing peer-reviewed journals and books since 2004.

We are always looking for dedicated editorial board members for our journals. If you completed your master's degree and must have at least five years experience in teaching and having good publication records in journals and books.

If you are interested to be an editorial board member of the journal; please provide your complete resume and affiliation through e-mail (i.e. info@rfppl.co.in) or visit our website (i.e. www.rfppl.co.in) to register yourself online.

Call for Publication of Conference Papers/Abstracts

We publish pre-conference or post-conference papers and abstracts in our journals, and deliver hard copy and giving online access in a timely fashion to the authors.

For more information, please contact:

For more information, please contact:
A Lal
Publication-in-charge
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi - 110 091 (India)
Phone: 91-11-79695648
E-mail: info@rfppl.co.in

Free Announcements of your Conferences/Workshops/CMEs

This privilege to all Indian and other countries conferences organizing committee members to publish free announcements of your conferences/ workshops. If you are interested, please send your matter in word formats and images or pictures in JPG/JPEG/Tiff formats through e-mail attachments to sales@rfppl.co.in.

Terms & Conditions to publish free announcements:

1. Only conference organizers are eligible up to one full black and white page, but not applicable for the front, inside front, inside back and back cover, however, these pages are paid.
2. Only five pages in every issue are available for free announcements for different conferences.
3. This announcement will come in the next coming issue and no priority will be given.
4. All legal disputes subject to Delhi jurisdiction only.
5. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

For more information, please contact:

A Lal
Publication-in-charge
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi - 110 091 (India)
Phone: 91-11-79695648
E-mail: info@rfppl.co.in

Win Free Institutional Subscription!

Simply fill out this form and return scanned copy through e-mail or by post to us.

Name of the Institution_____

Name of the Principal/Chairman_____

Management (Trust/Society/Govt./Company)_____

Address 1_____

Address 2_____

Address 3_____

City_____

Country_____

PIN Code_____

Mobile_____

Email_____

We are regular subscriber of Red Flower Publication journals.

Year of first subscription_____

List of ordered journals (if you subscribed more than 5 titles, please attach separate sheet)

Ordered through

Name of the Vendor	Subscription Year	Direct/subs Yr

Name of the journal for which you wish to be free winner

Terms & Conditions to win free institutional subscription

1. Only institutions can participate in this scheme
2. In group institutions only one institution would be winner
3. Only five institutions will be winner for each journal
4. An institution will be winner only for one journal
5. The free subscription will be valid for one year only (i.e. 1 Jan – 31 Dec)
6. This free subscription is not renewable, however, can be renewed with payment
7. Any institution can again participate after five years
8. All legal disputes subject to Delhi jurisdiction only
9. This scheme will be available to participate throughout year, but draw will be held in last week of August every year
10. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

I confirm and certify that the above information is true and correct to the best of my knowledge and belief.

Place:

Date:

Signature with Seal

<i>Revised Rates for 2022 (Institutional)</i>		Frequency	India(INR) Print Only	India(INR) Online Only	Outside India(USD) Print Only	Outside India(USD) Online Only
Title of the Journal						
Community and Public Health Nursing	3	6000	5500	469	430	
Indian Journal of Agriculture Business	2	6000	5500	469	430	
Indian Journal of Anatomy	4	9000	8500	703	664	
Indian Journal of Ancient Medicine and Yoga	4	8500	8000	664	625	
Indian Journal of Anesthesia and Analgesia	6	8000	7500	625	586	
Indian Journal of Biology	2	6000	5500	469	430	
Indian Journal of Cancer Education and Research	2	9500	9000	742	703	
Indian Journal of Communicable Diseases	2	9000	8500	703	664	
Indian Journal of Dental Education	4	6000	5500	469	430	
Indian Journal of Diabetes and Endocrinology	2	8500	8000	664	625	
Indian Journal of Emergency Medicine	4	13000	12500	1016	977	
Indian Journal of Forensic Medicine and Pathology	4	16500	16000	1289	1250	
Indian Journal of Forensic Odontology	2	6000	5500	469	430	
Indian Journal of Genetics and Molecular Research	2	7500	7000	586	547	
Indian Journal of Law and Human Behavior	3	6500	6000	508	469	
Indian Journal of Legal Medicine	2	9000	8500	703	664	
Indian Journal of Library and Information Science	3	10000	9500	781	742	
Indian Journal of Maternal-Fetal & Neonatal Medicine	2	10000	9500	781	742	
Indian Journal of Medical and Health Sciences	2	7500	7000	586	547	
Indian Journal of Obstetrics and Gynecology	4	10000	9500	781	742	
Indian Journal of Pathology: Research and Practice	6	12500	12000	977	938	
Indian Journal of Plant and Soil	2	7000	6500	547	508	
Indian Journal of Preventive Medicine	2	7500	7000	586	547	
Indian Journal of Research in Anthropology	2	13000	12500	1016	977	
Indian Journal of Surgical Nursing	3	6000	5500	469	430	
Indian Journal of Trauma and Emergency Pediatrics	4	10000	9500	781	742	
Indian Journal of Waste Management	2	10000	9500	781	742	
International Journal of Food, Nutrition & Dietetics	3	6000	5500	469	430	
International Journal of Forensic Science	2	10500	10000	820	781	
International Journal of Neurology and Neurosurgery	4	11000	10500	859	820	
International Journal of Pediatric Nursing	3	6000	5500	469	430	
International Journal of Political Science	2	6500	6000	508	469	
International Journal of Practical Nursing	3	6000	5500	469	430	
International Physiology	3	8000	7500	625	586	
Journal of Animal Feed Science and Technology	2	8300	7800	648	609	
Journal of Cardiovascular Medicine and Surgery	4	10500	10000	820	781	
Journal of Emergency and Trauma Nursing	2	6000	5500	469	430	
Journal of Forensic Chemistry and Toxicology	2	10000	9500	781	742	
Journal of Global Medical Education and Research	2	6400	5900	500	461	
Journal of Global Public Health	2	12500	12000	977	938	
Journal of Microbiology and Related Research	2	9000	8500	703	664	
Journal of Nurse Midwifery and Maternal Health	3	6000	5500	469	430	
Journal of Orthopedic Education	3	6000	5500	469	430	
Journal of Pharmaceutical and Medicinal Chemistry	2	17000	16500	1328	1289	
Journal of Plastic Surgery and Transplantation	2	26900	26400	1954	575	
Journal of Psychiatric Nursing	3	6000	5500	469	430	
Journal of Social Welfare and Management	4	8000	7500	625	586	
New Indian Journal of Surgery	6	8500	7500	664	625	
Ophthalmology and Allied Sciences	3	6500	6000	508	469	
Pediatric Education and Research	4	8000	7500	625	586	
Physiotherapy and Occupational Therapy Journal	4	9500	9000	742	703	
RFP Indian Journal of Medical Psychiatry	2	8500	8000	664	625	
RFP Journal of Biochemistry and Biophysics	2	7500	7000	586	547	
RFP Journal of Dermatology (Formerly Dermatology International)	2	6000	5500	469	430	
RFP Journal of ENT and Allied Sciences (Formerly Otolaryngology International)	2	6000	5500	469	430	
RFP Journal of Hospital Administration	2	7500	7000	586	547	
Urology, Nephrology and Andrology International	2	8000	7500	625	586	

Coming Soon

RFP Gastroenterology International	2	-	-	-	-
Journal of Food Additives and Contaminants	2	-	-	-	-
Journal of Food Technology and Engineering	2	-	-	-	-
Journal of Radiology	2	-	-	-	-
Medical Drugs and Devices	3	-	-	-	-
RFP Indian Journal of Hospital Infection	2	-	-	-	-
RFP Journal of Gerontology and Geriatric Nursing	2	-	-	-	-

Terms of Supply:

1. Agency discount 12.5%. Issues will be sent directly to the end user, otherwise foreign rates will be charged.
2. All back volumes of all journals are available at current rates.
3. All journals are available free online with print order within the subscription period.
4. All legal disputes subject to Delhi jurisdiction.
5. Cancellations are not accepted orders once processed.
6. Demand draft/cheque should be issued in favour of "Red Flower Publication Pvt. Ltd." payable at Delhi.
7. Full pre-payment is required. It can be done through online (<http://rfppl.co.in/subscribe.php?mid=7>).
8. No claims will be entertained if not reported within 6 months of the publishing date.
9. Orders and payments are to be sent to our office address as given below.
10. Postage & Handling is included in the subscription rates.
11. Subscription period is accepted on calendar year basis (i.e. Jan to Dec). However orders may be placed any time throughout the year.

Order from

Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091 (India)
Mobile: 8130750089, Phone: 91-11-79695648, 22754205, 22756995, E-mail: sales@rfppl.co.in, Website: www.rfppl.co.in

RFP Journal of Gerontology and Geriatric Nursing

Editor-in-Chief

Dinesh K. Kashyap

National Editorial Advisory Board

Anjali Sancha

All India Institute of Medical Sciences (AIIMS),
Patna, Bihar 801505.

Sankendla Bhagya Seela

Chalmeda Anand Rao Institute of Medical
Sciences, Karimnagar, Telangana 505001.

K. Lalitha

Yogi Vemana University,
Kadapa, Andhra Pradesh 516003.

Salve Reshma Vilas,

Sinhgad College of Nursing,
Pune, Maharashtra 411041

Krishnakumar CS

Institute of Development Research,
Thiruvananthapuram, Kerala 695011.

Shine Stephen

All India Institute of Medical Sciences (AIIMS),
Bhubaneswar, Odisha 751019.

Rajni Sharma,

Mahamana Pandit Madan Mohan Malaviya
Cancer Centre, Varanasi, Uttar Pradesh 221005.

Sheela Pavithran

Amryisa College of Nursing,
Kochi, Kerala 682024

S Madhavi,

KMCH College of Nursing, Coimbatore, Tamil
Nadu 641014.

Vijay VR,

All India Institute of Medical Sciences (AIIMS),
Bhubaneswar, Odisha 751019.

Sagar Borker,

PGIMER and Dr RML Hospital, New Delhi
110001.

Managing Editor

A. Lal

Publication Editor

Dinesh Kumar Kashyap

All right reserved. The views and opinions expressed are of the authors and not of the **RFP Journal of Gerontology and Geriatric Nursing**. **RFP Journal of Gerontology and Geriatric Nursing** does not guarantee directly or indirectly the quality or efficacy of any product or service featured in the advertisement in the journal, which are purely commercial.

Corresponding address

Red Flower Publication Pvt. Ltd. 48/41-42 DSIDC, Pocket-II, Mayur Vihar Phase-I Delhi - 110 091(India)
Phone: 91-11-79695648, Mob: 8130750089

E-mail: info@rfppl.co.in, Web: www.rfppl.co.in

RFP Journal of Gerontology and Geriatric Nursing (JGGN) (p-ISSN 2582-1407, e-ISSN 2582-3426) is a half yearly peer-reviewed journal publishing latest developments in the management of acute and chronic disorders and provide practical advice on care of older adults across the long term continuum. The **Journal of Gerontology and Geriatric Nursing** is publishing clinically relevant articles on the practice of gerontological nursing across the continuum of care in a variety of health care settings.

Subscription Information

India

Institutional (1 year): Rs.6000

Rest of the World

Institutional (1 year) USD 469

Payment methods

Bank draft / cashier & order / check / cheque / demand draft / money order should be in the name of **Red Flower Publication Pvt. Ltd.** payable at **Delhi**.

International Bank transfer / bank wire / electronic funds transfer / money remittance / money wire / telegraphic transfer / telex

1. **Complete Bank Account No.** 604320110000467
2. **Beneficiary Name (As per Bank Pass Book):** Red Flower Publication Pvt. Ltd.
3. **Address:** 41/48, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi – 110 091(India)
4. **Bank & Branch Name:** Bank of India; Mayur Vihar
5. **Bank Address & Phone Number:** 13/14, Sri Balaji Shop, Pocket II, Mayur Vihar Phase- I, New Delhi - 110091 (India); Tel: 22750372, 22753401. **Email:** mayurvihar.newdelhi@bankofindia.co.in
6. **MICR Code:** 110013045
7. **Branch Code:** 6043
8. **IFSC Code:** BKID0006043 (used for RTGS and NEFT transactions)
9. **Swift Code:** BKIDINBBDS
10. **Beneficiary Contact No. & E-mail ID:** 91-11-79695648, E-mail: redflowerppl@gmail.com

Online You can now renew online using our RFPPL renewal website. Visit www.rfppl.co.in and enter the required information and then you will be able to pay online.

Send all Orders to: **Red Flower Publication Pvt. Ltd.**, 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi – 110 091(India). Phone: 91-11-79695648, Mob: 8130750089
E-mail: sales@rfppl.co.in, Website: www.rfppl.co.in

RFP Journal of Gerontology and Geriatric Nursing

January - June 2022

Volume 5, Number 1

Contents

Review Article

Risk Factors of Acute Respiratory Infection among Children under Five Years: A Preliminary Review	9
Gulzar Ahmad Mir, Ritik kumar, Dipeeka Bajwan, SP Subashini	
Breast Crawl: A Healthy Motherood	11
Jyoti V Naikare, Salve Dhiraj	
Instrumental Delivery: An Overview	17
Harendra, Manish Rawat, Hema Kumari, SP Subashini	
Guidelines for Authors	19

Red Flower Publication (P) Ltd.

Presents its Book Publications for sale

1. Drugs in Anesthesia and Critical Care (2019) <i>By Bhavna Gupta, Lalit Gupta</i>	INR 595/USD46
2. Critical Care Nursing in Emergency Toxicology (2019) <i>By Vivekanshu Verma, Sandhya Shankar Pandey, Atul Bansal</i>	INR 460/USD34
3. Practical Record Book of Forensic Medicine and Toxicology (2019) <i>By Akhilesh K. Pathak</i>	INR 299/USD23
4. Skeletal and Structural Organizations of Human Body (2019) <i>By D. R. Singh</i>	INR 659/USD51
5. Comprehensive Medical Pharmacology (2019) <i>By Ahmad Najmi</i>	INR 599/USD47
6. Practical Emergency Trauma Toxicology Cases Workbook in Simulation Training (2019) <i>by Vivekanshu Verma, Shiv Rattan Kochhar & Devendra Richhariya</i>	INR395/USD31
7. MCQs in Minimal Access & Bariatric Surgery (2019) <i>by Anshuman Kaushal & Dhruv Kundra</i>	INR450/USD35
8. Biostatistics Methods for Medical Research (2019) <i>by Sanjeev Sarmukaddam</i>	INR549/USD44
9. MCQs in Medical Physiology (2019) <i>by Bharati Mehta & Bharti Bhandari Rathore</i>	INR300/USD29
10. Synopsis of Anesthesia (2019) <i>by Lalit Gupta & Bhavna Gupta</i>	INR1195/USD95
11. Shipping Economics (2018) <i>by D. Amutha, Ph.D.</i>	INR345/USD27
12. Breast Cancer: Biology, Prevention and Treatment (2015) <i>by Rana P. Singh, Ph.D. & A. Ramesh Rao, Ph.D.</i>	INR395/USD100
13. Child Intelligence (2005) <i>by Rajesh Shukla, MD.</i>	INR150/USD50
14. Pediatric Companion (2001) <i>by Rajesh Shukla, MD.</i>	INR250/USD50

Order from

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Mobile: 8130750089, Phone: 91-11-79695648, 22754205, 22756995

E-mail: sales@rfppl.co.in

Risk Factors of Acute Respiratory Infection among Under Five children: A Preliminary Review

Gulzar Ahmad Mir¹, Ritik kumar², Deepika Bajwan³, SP Subashini⁴

Abstract

Author Affiliation: ^{1,2}B.Sc Nursing Student, ³Associate Professor, ⁴Dean, School of Nursing Galgotias University, Greater Noida, Uttar Pradesh 203201, India.

Corresponding Author: Ritik kumar, B.Sc Nursing Student, School of Nursing Galgotias University, Greater Noida, Uttar Pradesh 203201, India.

E-mail: Ritikchaudhary657@gmail.com

Received on 15-3-2022

Accepted on 01-04-22

Acute respiratory infections (ARIs) are the main reason of death among kids less than five years in India. Emergence of more modern pathogenic organisms, reemergence of ailment previously managed, huge spread antibiotic resistance, and suboptimal immunization coverage even after many innovative efforts are major factors responsible for excessive incidence of ARI. Drastic reduction inside the burden of ARI by using low-value interventions together with hand washing, breast feeding, availability of speedy and viable array of diagnostics, and advent of pentavalent vaccine under national Immunization schedule are ongoing are vital for discount of ARI.

Keywords: Acute Respiratory Infections; Management of Acute Respiratory Infections; Disease Burden; National Immunization Schedule; Pneumonia; Under Five Children; Vaccine Status.

How to cite this article:

Gulzar Ahmad Mir, Ritik kumar, Deepika Bajwan, SP Subashini/Risk Factors of Acute Respiratory Infection among Under five children- A Preliminary Review/RFP Journal of Gerontology and Geriatric Nursing. 2022; 5 (1) : 9-10.

Introduction

Acute respiratory infections (ARIs) make contribution to important disorder mortality and morbidity amongst children. The present evidence on ARI are focused on the burden of contamination around city slum and subsequently lack consultant and reliable records resulting in beneath estimation of ARI Prevalence. Shift with in the infectious disorder etiology from gram positive to gram negative organism is not nicely. Identified through fitness care carriers who regularly underneath utilize novel fast diagnostic strategies and irrationally use antibiotics leading to burden of ARI. Although a few studies have claimed efficacy and effect of vaccines in lowering the respiratory infection., lack of awareness and different competing priorities are principal hurdles in opposition to imposing the more modern vaccine in control ARI. Inside those occasion, this assessment is targeted in the direction of the sensitization on disease burden, etiology and kingdom of newer vaccine in opposition to ARI in India.

Mortality

ARI's are the essential motive of mortality among kids aged less than five years particularly in growing nations. global, 20% mortality among kids aged less than five years is attributed to respiratory tract infections. Pneumonia additionally within the pool, the burden comes around to be 35-40% mortality among children aged much less than 5 years accounting for 2.04 million deaths/year. In India, greater than 4 lakh deaths and each 12 months are due to pneumonia

Risk Factors of Acute Respiratory Infection Among Children Under Five years

Acute respiration infection (ARI) is one of the leading causes of morbidity and mortality in below five-year children. hazard factors encompass age, intercourse, socio-financial popularity, indoor air pollutants, passive smoking, lack of basic health offerings, and lack of knowledge. on this have a look at, we aimed to decide the related threat

factors of ARI in children under 5-years of age. The maximum commonplace signs were fever (fortytwo.2%), cough (35.7%), running nostril (34.1%), trouble in breathing (28.5%) and chest in drawing (eleven.6%).

The hazard elements notably related to ARI had been malnutrition, exposure to wood smoke and mosquito coil and contact with character having ARI. decreasing these situations might also reduce the morbidity and mortality associated with ARI in in youngsters

Prevention and control of Respiratory infection

In developing nations, kids who are distinctive breast fed for 6 months had 30%- forty two% decrease occurrence of ARI as compared to kids who did now not acquired for same period of breast feeding. A recent study report from longitudinal cohort reported the elevated hazard of ARI among youngsters now not breast fed correctly. Breastfeeding is protected beneath one in all the life-saving device in prevention of various adolescence illnesses .Hence, breast feeding is many of the WHO/UNICEF global motion plan to stop pneumonia. further, handwashing, improved nutrition, and discount of indoor air pollutants are cautioned as primary techniques to guard from pneumonia among children underneath five years age

Hand washing and respiratory infections

Hand washing reduces the prevalence of respiratory infections by 24%

Indoor Air pollution from solid bio mass fuel

Subsequently, use of cleanse fuels, improvised stoves have proven to be the price-effective interventions to reduce prevalence indoor air pollutants.

Vaccines in preventing respiratory tract infections

Immunization which help in reduction of respiratory infection. At the same time as traditional fatality because of pertussis, diphtheria and measles is reduced with the aid of routine immunization. Vaccine against pertussis, measles, influenza are more effective in reduction of mortality rate among under five.

Conclusion

Incidence of respiratory infections cannot be decreased without an common boom in social and monetary development but huge evidences have shown diverse measures to lessen this sickness mortality. Each reduction in dying due to ARI could supply an incremental benefit toward reaching the Millennium Development Goal (MDG). Very last step in the direction of manipulate of ARI might be commitment to implement these confirmed and evidence-based totally interventions.

REFERENCE

1. Swingler G, Fransman D, Hussey G. Conjugate vaccines for preventing *Haemophilus influenzae* type B infections. *Cochrane Database Syst Rev* 2007;18:CD001729.
2. Vadheim CM, Greenberg DP, Partridge S, Jing J, Ward JI. Effectiveness and safety of an *Haemophilus influenzae* type b conjugate vaccine (PRP-T) in young infants. *Kaiser-UCLA Vaccine Study Group. Pediatrics* 1993;92:272-9.
3. Punjabi NH, Richie EL, Simanjuntak CH, Harjanto S Wangsasaputra F, Arjoso S, et al. Immunogenicity and safety of four different doses of *Haemophilus influenzae* type b-tetanus toxoid conjugated vaccine, combined with diphtheria-tetanus-pertussis vaccine (DTP-Hib), in Indonesian infants. *Vaccine* 2006;24: 1776-85
4. Amdekar YK, Lalwani SK, Bavdekar A, Balasubramanian S, Chhatwal J, Bhat SR, et al. Immunogenicity and Safety of a 13-Valent Pneumococcal Conjugate Vaccine in Healthy Infants and Toddlers Given with Routine Vaccines in India. *Pediatr Infect Dis J* 2012
5. Wardlaw TM, Johansson EW, Hodge MJ. World Health Organization. *Pneumonia: The Forgotten Killer of Children*, UNICEF, 2006



Breast Crawl: A Healthy Motherhood

Jyoti V Naikare¹, Salve Dhiraj²

Abstract

Author Affiliation

¹Principal, ²Assistant Professor, Pune Sinhgad College of Nursing, Pune, Maharashtra 411041, India.

Corresponding Author

Dhiraj Salve, Assistant Professor, Pune Sinhgad College of Nursing, Pune, Maharashtra 411041, India.

E-mail: salvedhiraj@gmail.com

Received on 15/3/2022

Accepted on 01-04-2022

Problem statement: "Assessment of Nursing practices regarding Breast crawl for early initiation of Breast feeding at Labour unit of selected hospitals in a city."

Objectives

- To assess the Nursing practices regarding Breast crawl
- To find the correlation between nursing practices on breast crawl and early initiation of breast feeding.

Key Words

Breast Crawl, Staff Nurses, Breast Feeding

How to cite this article:

Jyoti V Naikare, Salve Dhiraj/Breast Crawl: A Healthy Motherhood./RFP Journal of Gerontology and Geriatric Nursing. 2022; 5(1):11-13

Introduction

CDC's national mPINC survey assesses maternity care practices that affect how babies are fed. About every 2 years, all maternity care hospitals in the United States and US territories are invited to participate. In 2018, 2,045 hospitals participated and were asked about early postpartum care practices, feeding practices, education and support of mothers and caregivers, staff and provider responsibilities and training, and hospital policies and procedures. These policies and practices are organized into six main areas of care called subdomains that are scored and comprise each state's total mPINC score. Data can be used to monitor and improve evidence-based maternity care practices and policies. The national total mPINC score was 79 out of 100 and state total mPINC scores ranged from 68 to 96.

Every new-born, when placed on her mother's abdomen, soon after birth, has the ability to find her mother's breast all on her own and to decide when to take the first breast feed. This is called the 'Breast Crawl'. It was first described in 1987 at the Karolinska Institute in Sweden (Windstorm et al, 1987).¹

Breast crawl helps uterine contraction and faster expulsion of the placenta, reduces maternal blood

loss and prevents anaemia. Prolactin (PRL) and oxytocin (OT) play the main roles in milk production and secretion in puerperal women. Prolactin is essential for the initiation and maintenance of lactation. Prolactin secretion in breast feeding women is maintained physiologically by suckling and there is much evidence from in vivo studies that suckling per se is the most powerful natural stimulus for Prolactin release.²

Background of Study:

Initiation of breast-feeding within hour of birth is very crucial. Except human other mammalian species start immediate breast feeding of their new-born. Human delays the breast feeding from hours to days. it is also known that even human babies can start breast feeding on their own like the young ones of the animals .Every new-born, when placed on her mother's abdomen, soon after birth, it has the capability to find her mother's breast all on her own & to decide when to take the first breast feed this is known as breast crawl. These advantages not only protect mother's health in several ways, also benefits whole family, emotionally and economically.

Research approach

Quantitative Research Approach

Research design

Quantitative Non experimental Correlational Research design was used for the study.

Setting of the study

In selected Hospitals, ensure the availability of required samples.

Sample

The sample for the present study was comprised of 100 Staff Nurses from different hospitals.

Sampling technique

Non-Probability convenient sampling technique was used in the study to collect subjects.

Development and description of tool

The tools for the study are

- Section I: Demographic data
- Section II: Observational Checklist

Ethical consideration

Prior to data collection

- Formal permission was obtained from authorities
- Informed consent was taken from samples before study

Period of data collection

The data collection period was from 22nd December 2021 to 22nd Jan 2022

Plan for statistical analysis

The data will be entered into the master sheet. Keeping the objectives of the main study in view, the descriptive and inferential statistics are done.

Table 1: By overall analysis frequency and percentage distribution of the samples according Breast Crawl Practice among staff nurses.

Grading	Score	Frequency [f]	Percentage %
Good	21-30	05	5%
Average	11-20	50	50%
Poor	1-10	45	45%

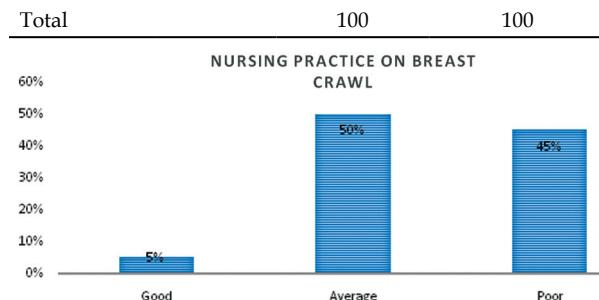


Fig. 1: Distribution of the subjects according to practices for breast crawl.

Figure 1: Shows the distribution of subjects according Practice of Breast Crawl. Majority of 50% of subject has Average Practice of Breast Crawl, 45% of subject has Poor Practice of Breast Crawl and 5% has Good practice for breast crawl

Table 2: By overall analysis frequency and percentage distribution of the samples according initiation of breast feeding after breast crawl

Initiation of Breast Feeding Time	Frequency [f]	Percentage
Within Half an Hour	9	9%
Half Hour to One Hour	16	16%
More than one Hour	75	75%
Total	100	

Fig. 2: Distribution of the subjects according to initiation of breast feeding after breast crawl.

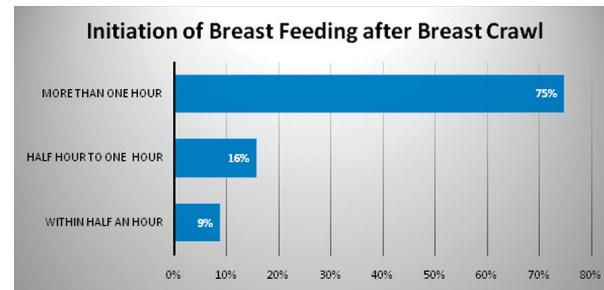


Figure 2: shows the distribution of subjects according to initiation of breast feeding after breast crawl. Majority of 75% of subject has more than one hour, 16% of subject has half an hour to one hour and 9% has within half an hour.

Conclusion

After the details analysis, and based on the findings of this study the following conclusion can be drawn:

References

1. Widstrom AM, Ransjo-Arvidson AB,

Christensson NK, Matthiesen AS, Winberg J, Uvnas-Moberg K.

2. Noel CL, Suh HK, Erantz AG. Prolactin release during nursing and breast stimulation in postpartum and non-postpartum subjects.



SUBSCRIPTION FORM

I want to renew/subscribe international class journal "**RFP Journal of Gerontology and Geriatric Nursing**

" of Red Flower Publication Pvt. Ltd.

Subscription Rates:

- Institutional: **INR6000/USD469**

Name and complete address (in capitals): _____

Payment detail:

Online payment link: <http://rfppl.co.in/payment.php?mid=15>

Cheque/DD: Please send the US dollar check from outside India and INR check from India made payable to 'Red Flower Publication Private Limited'. Drawn on Delhi branch.

Wire transfer/NEFT/RTGS:

Complete Bank Account No. 604320110000467

Beneficiary Name: Red Flower Publication Pvt. Ltd.

Bank & Branch Name: Bank of India; Mayur Vihar

MICR Code: 110013045

Branch Code: 6043

IFSC Code: BKID0006043 (used for RTGS and NEFT transactions)

Swift Code: BKIDINBBDS

Term and condition for supply of journals

1. Advance payment required by Demand Draft payable to **Red Flower Publication Pvt. Ltd.** payable at **Delhi**.
2. Cancellation not allowed except for duplicate payment.
3. Agents allowed 12.5% discount.
4. Claim must be made within six months from issue date.

Mail all orders to

Subscription and Marketing Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Phone: 91-11-79695648, 22754205, 22756995, Cell: +91-9821671871

E-mail: sales@rfppl.co.in

STATEMENT ABOUT OWNERSHIP AND OTHER PARTICULARS

"RFP Journal of Gerontology and Geriatric Nursing" (See Rule 8)

1. Place of Publication : Delhi

2. Periodicity of Publication : Quarterly

3. Printer's Name : **Dinesh Kumar Kashyap**
 Nationality : Indian
 Address : 3/259, Trilokpuri, Delhi-91

4. Publisher's Name : **Dinesh Kumar Kashyap**
 Nationality : Indian
 Address : 3/259, Trilokpuri, Delhi-91

5. Editor's Name : **Dinesh Kumar Kashyap**
 Nationality : Indian
 Address : 3/259, Trilokpuri, Delhi-91

6. Name & Address of Individuals : **Red Flower Publication Pvt. Ltd.**
 who own the newspaper and particulars of : 41/48, DSIDC, Pocket-II
 shareholders holding more than one per cent : Mayur Vihar, Phase-1, Delhi-91
 of the total capital

I, **Dinesh Kumar Kashyap**, hereby declare that the particulars given above are true to the best of my knowledge and belief.

Sd/-

(Dinesh Kumar Kashyap)

REDKART.NET

(A product of Red Flower Publication (P) Limited)
(Publications available for purchase: Journals, Books, Articles and Single issues)
(Date range: 1967 to till date)

The Red Kart is an e-commerce and is a product of Red Flower Publication (P) Limited. It covers a broad range of journals, Books, Articles, Single issues (print & Online-PDF) in English and Hindi languages. All these publications are in stock for immediate shipping and online access in case of online.

Benefits of shopping online are better than conventional way of buying.

1. Convenience.
2. Better prices.
3. More variety.
4. Fewer expenses.
5. No crowds.
6. Less compulsive shopping.
7. Buying old or unused items at lower prices.
8. Discreet purchases are easier.

URL: www.redkart.net

Instrumental Delivery: An Overview

Harendra¹, Manish Rawat², Hema Kumari³, SP Subashini⁴

Abstract

Author Affiliation

^{1,2}B.Sc Nursing 4th year, ³Tutor (PG), ⁴Dean, School of Nursing, Galgotias University, Greater Noida, Uttar Pradesh 201306, India.

Corresponding Author

Manish Rawat: Nursing, Galgotias University, Greater Noida, Uttar Pradesh 203201, India.

E-mail:manish_rawat @_galgotiasuniversity.edu.in

Received on 21/3/2022

Accepted on 01-04-2022

Instrumental delivery using obstetric forceps or a vacuum device for fetal delivery. This assisted delivery is an indication of the maternal or fetal status and any other event that threatens the mother or fetus but may be relieved by second stage intervention. Forceps and vacuum use is a common practice of childbirth when the baby is depressed or prolonged. the second stage of childbirth however they also carry a large number of birth defects such as back injury.

Keywords: Instrumental delivery; forceps and vacuum delivery, sphincter injury.

How to cite this article:

Harendra, Manish Rawat, Hema Kumari, SP Subashini/Instrumental Delivery: An Overview/RFP Journal of Gerontology and Geriatric Nursing. 2022; 5 (1):17-18

Introduction

Childbirth achieved with the help of tools such as Forceps or Vacuum is called assisted delivery or surgical delivery or assisted delivery of the vagina.

In developed countries, the problem associated with the delivery of metals is not significant due to the development of the ability to manage the delivery of goods and access to resources. Complications due to iron delivery may be minor problems such as rupture of the vagina and perineum and major complications associated with painful bleeding, bladder injury and pelvic muscle damage. This is usually indicated due to birth defects, delayed second birth or maternal fatigue. The delivery of the vagina with tools can be done using forceps or a ventouse and both of these can cause serious problems for the mother and fetus.

Obstetric abortions or emergency births may be the result of a variety of symptoms including fetal depression that may be caused by underlying uteroplacental disease or serious complication during childbirth. Intrapartum complications, such as cord compression, cannot be pathologically diagnosed but the pathologist must rule out the presence of subcutaneous disease in cases of

emergency delivery of 'fetal stress'. It should be noted that surgical delivery, in itself, is not an indication of a formal pathological examination, the condition is the primary cause of surgical birth. Despite this, it has been noted that the placenta from a surgical birth is less likely to be transported for testing.

Neonatal intracranial and subgaleal haemorrhage are complications that can be life-threatening. In one review the level of subdural or cerebral hemorrhage in ventilation delivery was not significantly different from that associated with the use of forceps or CS during childbirth. There is a clear link between venous use and subgaleal haemorrhage, with a typical birth rate 1 in 1000 compared with 7 per 1000 live births.

The risk of external or internal cranial trauma is related to the time of cup insertion, the amount of suction, and whether or not two sets of instruments are used. The risk increases when delivery is terminated by CS following a long delivery effort by caesarean section. CS in the second stage of pregnancy is associated with an increased risk of severe obstetric bleeding, prolonged hospital stay and the placement of the baby in specialized care. A child unit compared to a complete metal delivery.

Circulating delivery with Kielland forceps carries additional risks and requires specialized expertise and training, which is in short supply. Other rotating forcep methods include hand-operated rotation followed by vertical forceps or rotating vacuum extractor.

Problems include failure with a selected tool that results in surgical resection or use of consecutive tools. Fetal neonatal complications include Apgar lower scores, fetal acidosis (in a blood test), traumatic brain injury, brain bleeding and brachial plexus injury or fracture when shoulder dystocia occurs. Maternal complications include perineal rupture which may involve obstetric anal sphincter injury (third or fourth degree tears), postpartum hemorrhage, perineal infection, urinary or intestinal incontinence, dyspareunia, or fear of subsequent childbirth. In the carefully selected cases completed by obstetricians the incidence of complications is minimal. Maternal cervical cancer should be compared to surgery in the second trimester, which can be a complex process associated with maternal and maternal complications.

Conclusion

Maternity births require a variety of methods to increase the chances of success and reduce maternal and child abuse. In addition to the visiting midwife, a physician experienced in rehabilitation should be present and anesthesiologist should always be involved in providing adequate analgesia. The state of the umbilical artery and the vein acid-base should be recorded regularly after delivery.

References

1. Ali UA, NorwitzER. Vacuum assisted vaginal delivery. *Rev Obstet Gynecol*. 2009;2(1):5-17.
2. Johanson R. Advances in assisted vaginal delivery with vacuum extractor. In: Bonnar J (Ed). *Recent Advances in Obstetrics and Gynecology*. Edinburgh: Churchill Livingstone; 1998;125-139.
3. Ameh CA, Weeks AD. The Role of Instrumental Vaginal delivery in low resource settings; *BJOG* 2009;116(1):22-5.
4. Johanson RB, Menon BKV, Vacuum extraction versus forceps delivery. (Cochrane Review); In: the Cochrane Library; 1999 Oxford.
5. AliyaI, Aisha HK, Javaria NM. Vacuum and Forceps deliveries; comparisons of maternal and neonatal complications. *Profession Med J*. 2008;15(1):87-90.
6. SultanAH, Kamm MA, Bautram CL, Hudson CN. Anal sphincter trauma during Instrumental delivery. *Int Obstet Gynecol*. 1993;43:263-70.
7. UNICEF, WHO, UNFPA, Guidelines for monitoring the availability and use of obstetric services; 1997. New York
8. Ogunniyi SO, Sunusu YO. Instrumental vaginal delivery in Ile-Ife and Ilesha, Nigeria. *Nig J Med*. 1988;7(3):105-8.
9. Egan M, Herlihy CO. Safe use and enduring value of operative vaginal delivery. *The J of Family practice*. 2006;18(6).
10. Spongy CY, Berghella V, Wenstrom KD. Preventing the first cesarean delivery. *Obstet Gynecol*. 2012;120:1181-93.



Guidelines for Authors

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journal" developed by international committee of medical Journal Editors

Types of Manuscripts and Limits

Original articles: Up to 3000 words excluding references and abstract and up to 10 references.

Review articles: Up to 2500 words excluding references and abstract and up to 10 references.

Case reports: Up to 1000 words excluding references and abstract and up to 10 references.

Online Submission of the Manuscripts

Articles can also be submitted online from http://rfppl.co.in/customer_index.php.

1) First Page File: Prepare the title page, covering letter, acknowledgement, etc. using a word processor program. All information which can reveal your identity should be here. use text/rtf/doc/PDF files. Do not zip the files.

2) Article file: The main text of the article, beginning from Abstract till References (including tables) should be in this file. Do not include any information (such as acknowledgement, your name in page headers, etc.) in this file. Use text/rtf/doc/PDF files. Do not zip the files. Limit the file size to 400 Kb. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file.

3) Images: Submit good quality color images. Each image should be less than 100 Kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 400 pixels or 3 inches). All image formats (jpeg, tiff, gif, bmp, png, eps etc.) are acceptable; jpeg is most suitable.

Legends: Legends for the figures/images should be included at the end of the article file.

If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks from submission. Hard copies of the images (3 sets), for articles submitted online, should be sent to the journal office at the time of submission of a revised manuscript. Editorial office: Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091, India, Phone: 91-11-22754205, 45796900, 22756995. E-mail: author@rfppl.co.in. Submission page: http://rfppl.co.in/article_submission_system.php?mid=5.

Preparation of the Manuscript

The text of observational and experimental articles should be divided into sections with the headings: Introduction, Methods, Results, Discussion, References, Tables, Figures, Figure legends, and Acknowledgment. Do not make subheadings in these sections.

Title Page

The title page should carry

- 1) Type of manuscript (e.g. Original article, Review article, Case Report)
- 2) The title of the article should be concise and informative;
- 3) Running title or short title not more than 50 characters;
- 4) The name by which each contributor is known (Last name, First name and initials of middle name), with his or her highest academic degree(s) and institutional affiliation;
- 5) The name of the department(s) and institution(s) to which the work should be attributed;
- 6) The name, address, phone numbers, facsimile numbers and e-mail address of the contributor responsible for correspondence about the manuscript; should be mentioned.
- 7) The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract);
- 8) Source(s) of support in the form of grants, equipment, drugs, or all of these;
- 9) Acknowledgement, if any; and
- 10) If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read.

Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for case reports, brief reports and 250 words for original articles). The abstract should be structured and state the Context (Background), Aims, Settings and Design, Methods and Materials, Statistical Analyzis used, Results and Conclusions. Below the abstract should provide 3 to 10 keywords.

Introduction

State the background of the study and purpose of the study and summarize the rationale for the study or observation.

Methods

The methods section should include only information that was available at the time the plan or protocol for the study was written such as study approach, design, type of sample, sample size, sampling technique, setting of the study, description of data collection tools and methods; all information obtained during the conduct of the study belongs in the Results section.

Reports of randomized clinical trials should be based on the CONSORT Statement (<http://www.consort-statement.org>). When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma.net/e/policy/17-c_e.html).

Results

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical details can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

Discussion

Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, Analyzis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?; What this study adds to the available evidence, effects on patient care and health policy, possible mechanisms)? Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical

research). Do not repeat in detail data or other material given in the Introduction or the Results section.

References

List references in alphabetical order. Each listed reference should be cited in text (not in alphabetic order), and each text citation should be listed in the References section. Identify references in text, tables, and legends by Arabic numerals in square bracket (e.g. [10]). Please refer to ICMJE Guidelines (http://www.nlm.nih.gov/bsd/uniform_requirements.html) for more examples.

Standard journal article

[1] Flink H, Tegelberg Å, Thörn M, Lagerlöf F. Effect of oral iron supplementation on unstimulated salivary flow rate: A randomized, double-blind, placebo-controlled trial. *J Oral Pathol Med* 2006; 35: 540-7.

[2] Twetman S, Axelsson S, Dahlgren H, Holm AK, Källestål C, Lagerlöf F, et al. Caries-preventive effect of fluoride toothpaste: A systematic review. *Acta Odontol Scand* 2003; 61: 347-55.

Article in supplement or special issue

[3] Fleischer W, Reimer K. Povidone-iodine antisepsis. State of the art. *Dermatology* 1997; 195 Suppl 2: 3-9.

Corporate (collective) author

[4] American Academy of Periodontology. Sonic and ultrasonic scalers in periodontics. *J Periodontol* 2000; 71: 1792-801.

Unpublished article

[5] Garoushi S, Lassila LV, Tezvergil A, Vallittu PK. Static and fatigue compression test for particulate filler composite resin with fiber-reinforced composite substructure. *Dent Mater* 2006.

Personal author(s)

[6] Hosmer D, Lemeshow S. *Applied logistic regression*, 2nd edn. New York: Wiley-Interscience; 2000.

Chapter in book

[7] Nauntofte B, Tenovuo J, Lagerlöf F. Secretion and composition of saliva. In: Fejerskov O,

Kidd EAM, editors. *Dental caries: The disease and its clinical management*. Oxford: Blackwell Munksgaard; 2003. pp 7-27.

No author given

[8] World Health Organization. *Oral health surveys - basic methods*, 4th edn. Geneva: World Health Organization; 1997.

Reference from electronic media

[9] National Statistics Online – Trends in suicide by method in England and Wales, 1979–2001. www.statistics.gov.uk/downloads/theme_health/HSQ20.pdf (accessed Jan 24, 2005): 7-18. Only verified references against the original documents should be cited. Authors are responsible for the accuracy and completeness of their references and for correct text citation. The number of reference should be kept limited to 20 in case of major communications and 10 for short communications.

More information about other reference types is available at www.nlm.nih.gov/bsd/uniform_requirements.html, but observes some minor deviations (no full stop after journal title, no issue or date after volume, etc.).

Tables

Tables should be self-explanatory and should not duplicate textual material.

Tables with more than 10 columns and 25 rows are not acceptable.

Table numbers should be in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.

Explain in footnotes all non-standard abbreviations that are used in each table.

For footnotes use the following symbols, in this sequence: *, ¶, †, ‡.

Illustrations (Figures)

Graphics files are welcome if supplied as Tiff, EPS, or PowerPoint files of minimum 1200x1600 pixel size. The minimum line weight for line art is 0.5 point for optimal printing.

When possible, please place symbol legends below the figure instead of the side.

Original color figures can be printed in color at the editor's and publisher's discretion provided the author agrees to pay.

Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations.

Sending a revised manuscript

While submitting a revised manuscript, contributors are requested to include, along with single copy of the final revised manuscript, a photocopy of the revised manuscript with the changes underlined in red and copy of the comments with the point-to-point clarification to each comment. The manuscript number should be written on each of these documents. If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks of submission. Hard copies of images should be sent to the office of the journal. There is no need to send printed manuscript for articles submitted online.

Reprints

Journal provides no free printed, reprints, however an author copy is sent to the main author and additional copies are available on payment (ask to the journal office).

Copyrights

The whole of the literary matter in the journal is copyright and cannot be reproduced without the written permission.

Declaration

A declaration should be submitted stating that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under the present authorship has been published or is being considered for publication elsewhere and the authorship of this article will not be contested by any one whose name(s) is/are not listed here, and that the order of authorship as placed in the manuscript is final and accepted by the co-authors. Declarations should be signed by all the authors in the order in which they are mentioned in the original manuscript. Matters appearing in the Journal are covered by copyright but no objection will be made to their reproduction provided permission is obtained from the Editor prior to publication and due acknowledgment of the source is made.

Approval of Ethics Committee

We need the Ethics committee approval letter from an Institutional ethical committee (IEC) or an institutional review board (IRB) to publish your Research article or author should submit a statement that the study does not require ethics approval along with evidence. The evidence could either be consent from patients is available and there are no ethics issues in the paper or a letter from an IRB stating that the study in question does not require ethics approval.

Abbreviations

Standard abbreviations should be used and be spelt out when first used in the text. Abbreviations should not be used in the title or abstract.

Checklist

- Manuscript Title
- Covering letter: Signed by all contributors
- Previous publication/ presentations mentioned, Source of funding mentioned
- Conflicts of interest disclosed

Authors

- Middle name initials provided.
- Author for correspondence, with e-mail address provided.
- Number of contributors restricted as per the instructions.
- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study')

Presentation and Format

- Double spacing
- Margins 2.5 cm from all four sides
- Title page contains all the desired information. Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided: Structured abstract provided for an original article.
- Keywords provided (three or more)
- Introduction of 75–100 words

- Headings in title case (not ALL CAPITALS). References cited in square brackets
- References according to the journal's instructions

Language and grammar

- Uniformly American English
- Abbreviations spelt out in full for the first time. Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out

Tables and figures

- No repetition of data in tables and graphs and in text.
- Actual numbers from which graphs drawn, provided.
- Figures necessary and of good quality (color)
- Table and figure numbers in Arabic letters (not Roman).
- Labels pasted on back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained, (if not permission taken)
- Credit note for borrowed figures/tables provided
- Manuscript provided on a CDROM (with double spacing)

Submitting the Manuscript

- Is the journal editor's contact information current?
- Is the cover letter included with the manuscript? Does the letter:
 1. Include the author's postal address, e-mail address, telephone number, and fax number for future correspondence?
 2. State that the manuscript is original, not previously published, and not under concurrent consideration elsewhere?
 3. Inform the journal editor of the existence of any similar published manuscripts written by the author?
 4. Mention any supplemental material you are submitting for the online version of your article. Contributors' Form (to be modified as applicable and one signed copy attached with the manuscript)