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# RFP Journal of Gerontology and Geriatric Nursing

January - June 2022

Volume 5, Number 1

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

Gulzar Ahmad Mir<sup>1</sup>, Ritik kumar<sup>2</sup>, Deepika Bajwan<sup>3</sup>, SP Subashini<sup>4</sup>

## Abstract

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**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:

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## 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 socialand monetary development but huge evidences have shown diverse measures to lessen this sickness mortality. Each reduction in dying due to ARI could supply anincremental 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.

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# Breast Crawl: A Healthy Motherhood

Jyoti V Naikare<sup>1</sup>, Salve Dhiraj<sup>2</sup>

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Received on 15/3/2022

Accepted on 01-04-2022

## Abstract

**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).<sup>1</sup>

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.<sup>2</sup>

## 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

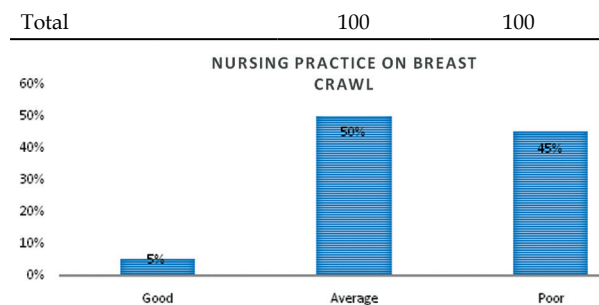
The data collection period was from 22nd December 2021 to 22nd Jan 2022

## 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.

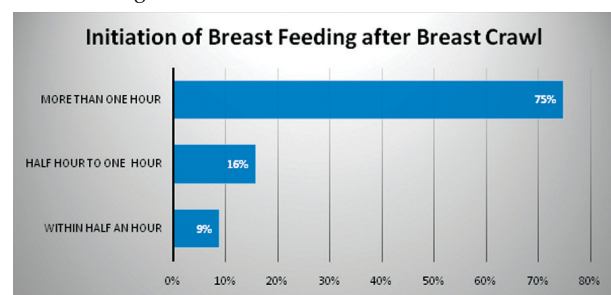


Figure 2: shows the distribution of subjects according to initiation of breast feeding after breast crawl. Majority of 75% of subject has more than one hour, 16% of subject has half an hour to one hour and 9% has within half an hour.

## Conclusion

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

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# Instrumental Delivery: An Overview

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**Received on** 21/3/2022

**Accepted on** 01-04-2022

## Abstract

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 ventuse 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 subgalealhaemorrhage 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 subgalealhaemorrhage, 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.

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