Greetings from NNF!

National Neonatology Forum has always championed the course of the newborns, particularly the underprivileged. No organization can thrive or contribute to society without established norms and procedures for functioning of the organization. As an editor of the bulletin and as a senior member of NNF I feel that together we will take this organization to higher heights. NNF team trying to bring changes into NNF. There is a felt need that communication with members at large who are working at districts places and small cities be strengthened. We decided to decentralize the functioning and delegate responsibilities to the new members. In this regard, the dissemination of information is the most important thing which we have to achieve. We have expanded the scope of NNF functioning and formed separate committees. We would like to you to volunteer yourself in any of these committees and contribute positively to development of NNF. It is time for international presence and partnership hence, we request you to get involve and bring change.

It gives me immense pleasure to inform you that NNF has started partnership program with Afghanistan, M.P. Government, JSI, Media Partners, UNICEF and Afghan Pediatric Association. The forum has existing operational partnerships with many organizations like; Government of India, UNICEF, NHM, Government Haryana, IAP progress at National and International level. Now, the time has been changed and we are talking not only about quantity but quality also. NNF had taken 1st initiative in India towards accreditation which has been expanded towards not only contents but process and we are working towards the compliance model which is required in India. We may be competent but may not be complaint and that leads question of implementation which is lacking at all the levels in India from primary to tertiary.

As you aware that our mega event the 37th Annual Convention of National Neonatology Forum (NEOCON 2017) at Gurgaon, Haryana where lot of international and national faculties participating and new ideas will share during this conference. We hope that you will learnt a lot during this conference and with your support this mega conference will be a great success.

Jai Ho & Jai Hind!
It gives me immense pleasure that the first NNF bulletin of this year is being published and distributed to all the NNF members and will also be available at NNF website for anyone to read the activities and achievements of NNF over the year. NNF has come out of turbulent phase and steadily progressing in right direction. It is heartening to note that more & more international faculty is participating at annual Neocon meets. International partnerships are growing in academic and in-service training programmes. I wish to see more and more participation of nurse members, members with DM neonatology, members who have done successfully NNF fellowship training & exit exams. Their contributions shall strengthen the NNF more & more. The accreditation program needs a relook and has to be revisited. Today we are living in an era of Quality Care of Newborn and Mother where strict monitoring is required. Surprise checks are must. NNF has been developing partnerships with other similar organization. Present team’s theme is “Health of female newborn”. Any suggestions from members are most welcome. My e-mail id is baldev_bhatia@rediffmail.com and my mobile no is 9415812139. We are also working on a small book on “Essentials of Newborn Care” for undergraduates. Similarly there is a need for resource book for Nurse Fellowship students for guidance. Anyone who is interested and wishes to participate and contribute, is most welcome.

I shall seek your guidance for the betterment of NNF and wish to congratulate the Editor, Secretary NNF and all the present & past office bearers for bringing out this issue of NNF bulletin.

JAI HIND
GLIMPSES OF NEOCON 2016

Glimpses of NEOCON 2016
Dear Colleagues

Greetings from National Neonatology Forum!

This is the first communication after taking over by the new team in January 2017. In last two years there had been many changes in the working of our organization. NNF is now having agreements with various state governments, national and international agencies. NNF has become more open with involvement of more members in the activities, has become bigger with increase in the membership base and also become financially sounder.

Neonatal health in India is not in good shape. India contributes to 17.5% of the world’s population and nearly one-fifth of the total live births. Its contribution to the global burden of newborn deaths is higher when compared to that of maternal and under-5 deaths.

The good thing is that Newborn health has captured the attention of policy makers at the highest level in India. This has resulted in strong political commitment to end preventable newborn deaths and stillbirths, and recognize newborn health as a national development necessity. In this regard, the Govt. of India has launched India Newborn Action Plan (INAP).

The India Newborn Action Plan (INAP) is India’s committed response to the Global EveryNewborn Action Plan (ENAP), launched in June 2014 at the 67th World Health Assembly, to advance the Global Strategy for Women’s and Children’s Health. The ENAP sets forth a vision of a world that has eliminated preventable newborn deaths and stillbirths.

NNF is committed to work with Govt. of India in achieving the success. We appeal to all our members for the support for all our programs, so that India can achieve its targets. During last 5 months NNF conducted lot of activities. Under UNICEF support, NNF conducted two Clinical Practice Guidelines Grade workshop in Delhi and Chandigarh, One day SNCU Database software workshop in Delhi, 5 mentoring visit done in Jharkhand and two NICU Software training conducted in Dehradun and Lucknow.

On behalf of NNF I request our friends let's work together and take the NNF to higher heights.

With Regards
Respected members,

Warm greetings from NNF Delhi !!!

India continues to be the global pioneer in demonstrating, that even in low resource setting, how effective and high impact programmes can be developed and implemented to improve the outcomes for mothers and their newborns. NNF strongly believes in partnership and has been working closely with government of India, various state governments, International agencies like UNICEF, WHO, USAID, NIPPI, etc. NNF has been progressing by leaps and bounds, working hard and doing good for the newborn of this country.

It has covered wide grounds on situational analysis, solution searching and capacity building. NNF has broad goals like reducing neonatal mortality and morbidity by all means throughout India and to achieve these goals and objective, we need a very wide membership base and a very good interactive platform between members and office wherein information, suggestions and comments flow easily and quickly.

NNF Today will provide information regarding organizational activities, national programs as well as individual member’s achievements.

I take this opportunity to thank sincerely all of you for your support and guidance. I am humbled and honoured that you have placed your trust in me as joint secretary cum treasurer of this esteemed organization.

We at central NNF are making all the efforts to involve as many of our members as possible in various ongoing and upcoming activities of NNF. Since January 2017 NNF had conducted various activities like, National TOT of FBNC, review of clinical practice guidelines workshop, Database workshops & revision of NRP India guidelines.

As you know, strength of any organization is its member, at present we are around 7000 members, in this regard I request you to motivate our young colleagues to come forward and become members of this esteem organization.

I invite you all to feel free to contact me with your problems & suggestions. I am sure with your guidance & support NNF will reach a greater height.
Newborn screening for common metabolic and genetic disorders should be an integral part of neonatal care as early detection and treatment can help prevent intellectual and physical defects and life-threatening illnesses. An aim at the earliest possible recognition of disorders to prevent the most serious consequences. The list of conditions for which screening is carried out differs from country to country, based on the prevalence of the condition and available resources. Universal screening for about 40 to 50 metabolic disorders is mandatory in US, Europe and many other countries across the world. Though universal screening is a cost-intensive exercise, the benefits far exceed the cost as it helps in reducing the mortality and morbidity of these diseases. Although the exact list differs among, and sometimes within countries, testing for phenylketonuria (PKU) and hypothyroidism is universal in the developed world. However, neonates are not screened in India because the health policies have typically targeted mortality and infectious morbidities but not disabilities. These policies have been successful in lowering infant mortality rates, but the net effect of these gains has been somewhat offset by an increase in disability.

In 1968, Wilson and Jungner proposed the following criteria for inclusion of a condition in screening: (i) condition should have an important health problem/frequency; (ii) test should be acceptable to the population (reliable/simple); (iii) disease should not manifest at birth/routine examination; (iv) treatment should prevent mortality and morbidity; (v) delay in diagnosis will cause irreversible damage; and (vi) screening is cost-effective.

**INDIAN DATA**

There is paucity of published studies in the normal newborn population screening from India. A pilot newborn screening project was carried out on 125 thousand newborns. Homocysteineimia, hyperglycinemia, MSUD, PKU, hypothyroidism and G6PD deficiency were found to be the common errors. Another pilot program Expanded Newborn Screening was started in 2000 at Hyderabad to screen amino acid disorders, CH, congenital adrenal hyperplasia (CAH), G6PD deficiency, biotinidase deficiency, galactosemia and cystic fibrosis. Testing a total of eighteen thousand three hundred babies, the results revealed a high prevalence of CH (1 in 1700). The next common disorder was congenital adrenal hyperplasia followed by G6PD deficiency. Aminoacidopathies as a group constituted the next most common disorder. Interestingly, a very high prevalence of inborn errors of metabolism to the extent of 1 in every thousand newborns was observed. The authors stressed the importance of screening in India, necessitating nation-wide large scale screening.

**FEASIBILITY AND IMPLEMENTATION**

It may not be viable economically and ethically to screen for a complete range of disorders for which diagnostic modalities are available. Wilson and Jungner have outlined specific criteria that serve as a template to decide what disorders to include in the screening at a national platform. These are: (a) biochemically well identified disorder; (b) known incidence in the population; (c) disorder associated with significant morbidity and mortality; (d) effective treatment available; (e) period before which intervention improves outcome; and (f) availability of an ethical, safe, simple and robust screening test. The developed countries have prioritized the diseases according to the incidence. For most developed countries, initial targets for screening were phenylketonuria and congenital hypothyroidism, but now
include other genetic disorders like congenital adrenal hyperplasia (CAH), cystic fibrosis, galactosemia, G6PD deficiency, biotinidase deficiency, hemoglobinopathies e.g. Sickle Cell Disease (SCD), and non-genetic targets such as hearing and intrauterine infections, especially toxoplasmosis. Certain countries use tandem mass spectrometry to screen for a wide range of disorders. This technique is expensive and available only at a handful of centers in India. In our opinion, the screening for various disorders should be phased out after judging feasibility and implementation at each level, and prioritized thereafter.

The conditions for which neonatal screening has been proposed in Indian scenario include hearing loss, congenital hypothyroidism, congenital adrenal hyperplasia (CAH) and glucose-6-phosphate dehydrogenase (G6PD) deficiency. Hearing loss has a high incidence, and if not corrected before 6 months of age, may lead to permanent hearing and speech impairment. Congenital hypothyroidism also has a high incidence and is the most important preventable cause of intellectual disability. Congenital adrenal hyperplasia; if undetected at birth can result in mortality, morbidity or genital abnormalities. G6PD deficiency has a relatively high incidence in Northern parts of the country, and cost of testing is affordable. Considering the prevalence of these conditions and huge financial implications for universal screening for a developing country like India, a practical approach will be to categorize the conditions as follows:

Category A (all newborns): Screening for congenital hypothyroidism and hearing should be a must in Indian scenario. Screening for CAH and G6PD deficiency may be added in a phased manner. G6PD screening should be done in Northern states of the country. Screening for Sickle cell disease and other hemoglobinopathies should be undertaken in pockets of high incidence.

Category B (High risk screening): Screening for the following disorders should be conducted in the high risk population (consanguinity, previous children with unexplained intellectual disability, seizure disorder, previous unexplained sibling deaths, critically ill neonates, newborns/children with symptoms/signs/investigations suggestive of inborn errors of metabolism). These conditions include phenylketonuria, homocystinuria, alkaptonuria, galactosemia, sickle cell anaemia and other hemoglobinopathies, cystic fibrosis, biotinidase deficiency, maple syrup urine disease, medium-chain acyl-CoA dehydrogenase deficiency, tyrosinemia and fatty acid oxidation defects.

Category C: Screening (in resource-rich setting/expanded screening) for 30-40 inherited metabolic disorders done by TMS may be offered to ‘well-to-do’ families, especially in urban settings where facilities for sending sample to laboratory are available. India is going through a progressive transitional phase of control over infant mortality and morbidity due to infections, and emergence of genetic conditions.

The WHO has recommended that genetic services should be introduced in countries with an infant mortality rate (IMR) less than 50. India with an IMR of 40 should introduce newborn screening and genetic services. The Indian Academy of Paediatrics strongly advocates inclusion of newborn screening in our public health policy, and will offer its technical and logistic inputs to the Government of India for initiating this program.

**OPTIMAL TIMING AND METHOD OF SAMPLING**

The American Academy of Paediatrics has advocated the ideal time of sampling after 72 hours and within 7 days of life. However, this policy would be very difficult to adopt due to high birth rate, limited space in most hospitals and definite resistance, which we can anticipate from our Obstetric colleagues. A recent document suggests that the analytes can ideally be measured at 24-48 hours of life when enteral feeding has been established, renal function is improving and hepatic metabolism is in the process of becoming mature. Thus it may be ideal for our set up, to take the sample after first 24 hours of life.

**Method of collection:** The sample should be collected by capillary blood from the heel. Since dried blood spot remains stable for years, impregnation of drops of blood into filter paper should be followed by drying of these blood spots and subsequent transport to the central screening laboratory.

**Recommendation for NBS in Preterm/LBW babies**

The summary of all the evidence suggests that for preterm/LBW, NBS considerations are not different
from that of the term average weight newborn. But it is important to mention the gestational age of the baby when sending the sample, as the cut-offs of some metabolites are different in preterm neonates (e.g. tyrosine level, 17 OHP levels are higher in preterm and sick neonates.)

**FIRST PHASE SCREENING**

**Congenital Hypothyroidism**

It has been included in newborn screening programs all over the world and serves as a template for both introduction, fulfillment of all criteria and cost-effectiveness of the newborn screening. This is because of availability of simple therapeutic measures and the good response that follows early detection and treatment. Studies from India, though limited, show a high incidence of CH. The initial reports came from screening of over 22,000 newborns from different parts of the country with and without iodine deficiency to determine the incidence of CH. Cord blood thyroxine (T4) levels of <3 µU/mL and cord blood TSH levels of >50 mU/mL were used as cut-offs. Their data showed that the incidence of CH was about a hundred-fold more in seriously iodine deficient endemic districts. However, newborn screening program was not a part of the evaluation exercise as this was a community survey and would have been useful for formulating guidelines.

**Hearing Loss**

The importance for screening for hearing loss can be clearly understood from the fact that if hearing aid can be provided in the prelingual phase, it can minimize the negative impact of sensorineural hearing loss on speech and language acquisition. The recommendations can be the 1-3-6 guideline; i.e. (a) Completion newborn hearing screening before 1 month of age, (b) diagnosis of hearing loss and fitting of hearing aid before 3 months, and (c) enrollment in early intervention before 6 months. Techniques currently used in newborn hearing screening can discriminate peripheral (i.e., cochlear) from central (i.e., brainstem) auditory function. Two-phase screening using 2 different electro physiologic measures, otoacoustic emissions (OAEs) and auditory brainstem response (ABR), allows detection of various failure patterns and provides more complete information about auditory function and should be followed in our country. Molecular studies as a part of newborn screening may be very useful but are extremely expensive at this time.

**DISORDERS MERITING REGIONALIZED SCREENING**

**Haemoglobin Disorders**

Haemoglobin disorders are considered to be a serious health problem by WHO. In India, the carrier frequency of beta thalassemia varies from 1-17% (mean 3.3%). It is estimated that about 10,000 babies affected with beta thalassemia are born every year. Sickle cell disease is predominantly found in tribal communities in India, which constitutes about 8% of total population of India. We feel screening for this group of disorders may be regionalized depending upon the information obtained by gene frequency. Screening for thalassemia would indeed be beneficial but due to the lack of a single robust screening tool, is not feasible at present. Diagnosis of thalassemia using HPLC en masse is only possible after six months when switch to adult type of haemoglobin occurs. Diagnosis using multiplex PCR is cumbersome and would miss a number of cases in whom mutation has not been tested. Screening for sickle cell disease using HPLC of haemoglobin variant should be undertaken in pockets of high incidence.

**G6PD Deficiency**

There are three recent studies on neonatal / community screening for G6PD deficiency from different regions of the country. In a retrospective hospital based study from Delhi, 2,479 male and female neonates consecutively born were screened for G6PD levels. Incidence in males was 28.3% and in females was 1.05%. In another study from Surat (Gujarat), 1644 random blood samples were collected from 404 families. Incidence of G6PD deficiency was found as 22%. Since the belt in which these disorders are found in large frequency are different, we opine that G6PD screening should also be included in the first phase but in a regionalized manner. Both ELISA and fluoroimmunoassay based tests can be used for screening.
DISORDERS FOR INCLUSION IN THE SECOND PHASE

Congenital Adrenal Hyperplasia

The incidence of CAH in India has been found to be 1: 2575 from a small sample survey. In a study from AIIMS, New Delhi, CAH was diagnosed in about 38% of children presenting with ambiguous genitalia. What was even more striking was that only one child out of the 53 cases studied was brought immediately after birth with 14 presenting after the age of one year. In a study from Kashmir, an incidence of 1.4% has been reported in females presenting with hirsutism. This group, however, studied 4,780 adult women and deduced the incidence of late onset CAH. A peculiar situation exists in India as far as the diagnosis of CAH is concerned. A separate group formulated by individuals with sexual ambiguity also colloquially known as the Hijra group electively and at times forcefully adopts all babies with sexual ambiguity. Therefore most female neonates with CAH are denied access to therapy. In a subset of affected boys with the salt losing wasting syndrome, the diagnosis is often missed. If screening is implemented and parents are explained, the likely outcome of therapy and given access to therapy, the scenario is bound to change. More studies are required before the screening for CAH can be recommended at the national level.

Cystic Fibrosis

Cystic fibrosis (CF) is considered to be very rare in the Indian subcontinent. Based on reports of CF in migrants from Indian subcontinent to UK and USA, the prevalence of CF is estimated to be between 1/10,000 and 1/40,000 in this ethnic group. There is only one study which was done to estimate the carrier frequency of F508del mutation among neonates using cord blood samples to reflect the prevalence of CF in the study population. The prevalence of CF was estimated by using the proportion of F508del homozygous cases out of all CF patients, as reported in various studies from Indian subcontinent. The carrier frequency and gene frequency of F508del mutation in the Indian population was calculated to be 1/238 (0.42%) and 1/477 (0.21%), respectively. Frequency of CF patients homozygous for F508del mutation was 1/228,006. The estimated prevalence of CF was 1/43,321 to 1/100,323 in Indian population. More studies are required before it can be recommended to be included in a nationwide screening program.

Follow up action if a screening is positive

When the results are positive the time at which the treatment is started is crucial to preventing morbidity, mortality and sequel. Families must be informed of abnormal results are quickly as possible so that confirmatory diagnostic carried out. The family should be supported by a paediatrician who explain the significance of positive screening result and the possibility of false positive result and arrange for confirmatory testing. Negative result must be provided as quickly as possible. The policy, no good news must not be adopted.

STEPS FOR IMPLEMENTATION AND HURDLES

The Central Government has to take up this responsibility which may be shared by the State governments in due course of time. Pilot studies need to be initiated to assess the epidemiology of each disease, simultaneous with starting the program for CH and deafness. To begin with, the programs can be initiated in states with low infant mortality rates. The results of this assessment needs to be then discussed in a common forum where expert professionals, policy makers, and media is involved and region-wise disorders could be added, depending upon prevalence in phase II. Government funding agencies should identify regional centres which can offer definitive diagnosis to high risk neonates and empower them with technical expertise to undertake this task. Such centres, being funded by the state governments, should be the reference centre for diagnosis, therapy and prenatal diagnosis. Screening can only be initiated if confirmatory diagnostic and treatment facilities are available. The difficulties in initiation need to be tackled with creation of a Taskforce. Indian Council of Medical Research has taken the lead and constituted a task force, and has recently funded a multicentre project to assess the feasibility of newborn screening for CH and CAH.

A public private partnership is required to offer the program to run as a low cost model. Initially the big
hospitals in the metropolitan cities should initiate the process. A reliable courier should be identified who
explained the time frame of implementation of the therapy and its consequent positive results. Later,
the expertise should reach all state capitals with a move to teach collection to both aanganwadi
workers and ANMs. This is the right target as they can collect samples in the ideal time frame.

Genetic centres identified should take up one disorder each, mutually exclusive of each other, to
undertake the responsibility of molecular diagnosis, so that efforts are not duplicated. Mass education,
media propagation and training centers are required for smooth take off of the program.

NGOs already stationed in the periphery can be roped in for better execution. The program should also
address the therapy and follow up of the neonates detected. For a progressive country like India, what
would be a better time to start? It is the time to revive ourselves now, so as to rejoice later.

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89-94.
The National Neonatology Forum of India organizes a quiz for PG & Nurses in Neonatology every year. We are pleased to inform you the dates for this year’s quiz.

Nominations for PG & Nurses Quiz are to be sent to the divisional coordinators by 15th July, 2017.

Completion of Divisional Round: 15th August, 2017
Completion of Zonal Round: 15th September, 2017

Final/National round would be held during the 37th Annual Convention of NNF which is being held at Gurgaon, Haryana on 8th - 10th December, 2017. Participants for the finals would be paid 2nd AC to & fro train fare and hostel type of accommodation will be provided by the Organizer of NEOCON 2017.

ATTRACTIVE CASH PRIZES FOR ALL FINALISTS

For details please contact:-
secnnf@nnfi.org, administrator@nnfi.org

Or

Contact: National Coordinator

For PG Quiz:
Dr. S. Surender Singh Bisht, Mobile: 9650012819 Email: drbishst02@gmail.com

For Nursing Quiz:
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<td>President, NNF</td>
<td>Secretary, NNF</td>
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The Scientific Committee invites delegates who wish to give a presentation during the NEOCON 2017 to be held from December 8th-10th, 2017 at Gurugram, Haryana to submit the `Abstracts' of their scientific studies.

**Paper Category: Free Papers**
The mode of presentation of free papers will be decided by the scrutinizing committee from amongst the abstracts received and authors will be informed accordingly. The papers not taken for `Oral' will be taken for `Poster'. If you want to send only for poster please mark your mail as POSTER ONLY

The text of the `Abstract' should contain not more than 250 words. It should be structured as far as possible in the following manner (Except Case Reports): (a) Introduction (b) Aims & Objectives (c) Material & Methods (including statistical methods where relevant) (d) Results (e) Conclusions.

**Instructions:**
1. Abstracts can be submitted via email ID: neoconpapers@nnfi.org as an attached word document.
2. The deadline for sending in abstracts is 30th September 2017. This deadline will be strictly observed.
3. Abstracts or full papers sent by hard copy will not be accepted.
4. Please quote your Central NNF membership number (mandatory).
5. Papers from non-members will not be accepted.
6. You must have acknowledgment of the receipt of paper from Central NNF for the papers submitted by you.
7. Please mention the category of paper according to Sub-specialty given below:
   - Cardiology (CAR)
   - Community Neonatology (CP)
   - Endocrinology (ENDO)
   - Gastroenterology (GE)
   - Genetics (GENE)
   - Growth & Development (GD)
   - Hematology - Oncology (HO)
   - Infectious Diseases (ID)
   - Intensive Care (IC)
   - Nephrology (NEP)
   - Neurology (NEU)
   - Nutrition (NUT)
   - Respiratory (RESP)
   - Miscellaneous (MISC)
   - Innovation Paper (Separate category)

(B) **Paper Category: Award Papers**
Research papers are invited in following categories of awards.
(Mandatory: Read the award rules before submission of your paper, which may be obtained from the Central Office on request. The papers not submitted as per award rules will be rejected.)
   - NNF Gold Medal Award Paper
   - Social Neonatology Gold Medal Award Paper
Instructions:
1. The hard copy of the SUMMARY as well as FULL paper in 4 (FOUR COPIES) should be submitted to National Neonatology Forum, 803, 8th Floor, A-9, Northex Tower, NetajiSubhash Place, Pitampura, Delhi-110034.
2. The first author should be less than 40 years as on January 01, 2017 (Please enclosed proof of the age)
3. Please quote your Central NNF membership number (mandatory).
4. Papers from non-members will not be accepted.
5. Only one paper for the award will be accepted from any one Life Member
6. The number of authors should not exceed three. There is no age restriction for co-author.
7. Any author who has been recipient of the award is not eligible to present the paper in same category, however he/she can be a co-author
8. The SUMMARY should not be more than 250 words. Also email copy of summary.
9. The FULL award paper should be in the style of "Journal of Neonatology".
10. The title of the papers should be brief but adequately descriptive.
11. The text of the summary should be structured as far as possible into the following manner (a) Introduction (b) Aims & Objectives (c) Materials & Methods (including statistical methods where relevant) (d) Results (e) Conclusions.
12. The papers not accepted for the award competition will not be presented in any other category.

The last date for submission of award papers at the Central NNF Office (Hard Copy) along with soft copy in MS word format on a CD, is 30th September 2017.

Notification of selection of Papers:
The Scientific Committee will review abstracts and notification of acceptance/rejection will be sent to the first authors indicated in the papers, by 1st week of November 2017. Please contact the NNF office at neoconpapers@nnfi.org if you do not hear by this time.

Presentations:
The Scientific Committee will consider abstracts for an `Oral' or `Poster' presentation. All presentations must be in English.

Best poster awards:
All posters in the subspecialties mentioned in the list, will be considered for the "Best Poster Award" & "Best Innovation Poster Award". Judging will be based on scientific merit, visual presentation and the potential significance of the clinical research. Detailed instructions for poster paper presenters will be sent after the selection process is complete.

Registration:
Authors who have been notified that their abstract is accepted for oral or poster presentation will please note that they ought to register for the NEOCON 2017, as per the prevailing fees at the time of registration.

Publication of papers:
The papers that have been accepted for publication will be published in proceedings of NEOCON 2017. NNF holds all publication rights including copyright unless otherwise intimated to the authors by NNF in writing.

Hon. Secretary General, National Neonatology Forum
803, 8th Floor, A-9, Narthex Tower, Netaji Subhash Place, Pitampura, Delhi-110034
Email: neoconpapers@nnfi.org;
Website: http://www.nnfi.org
Telephones: (011) 27353535, Mobile: 8527453535
The 37th Annual Convention of National Neonatology Forum (NEO CON 2017) is scheduled to be held on 8th to 10th December, 2017 at Gurugram, Haryana. Best Branch Award for the NNF activities for the year, Best Branch Award for conducting Newborn Week and Best Branch Award for Breast Feeding Week will be announced during Annual Convention of NNF (NEOCON 2017). All States and Territory Branch of NNF are requested to send their activity report & Breast Feeding Week Report latest by 25th October, 2017. Last date for sending report of Newborn Week is 25th October, 2017. Please send your report in word format as attachment.

Dr. Lalan Kr. Bharti  
Jt. Secy. cum Treasurer, NNF

Dr. Alok Bhandari  
Secretary, NNF

Contribution towards NNF Journal/Bulletin

Dear NNF Members,

NNF has started its monthly bulletin along with an active Website www.nnfi.org and quarterly journal. We invite you suggestions/articles/inputs for making them more proactive. Kindly send them to the undersigned at NNF Office 803, 8th Floor, A-9, Northex Tower, Netaji Subhash Place, Pitampura, Delhi 110034 or email editor@nnfi.org

Dr. Mohit Sahni  
NNF Guest Editor

Dr. MMA Faridi  
NNF Guest Editor

ANNOUNCEMENT

NNF invite Nominations for Award of Fellowship

The National Neonatology Forum (NNF) confers Fellowship (FNNF) to the members of the NNF who have made outstanding contributions in the fields of Neonatology, Research, Development of Sub-specialties, Medical Publications and Community Neonatology over and above the call of normal duty or due to position of the nominee. This year NNF decided to accept one nomination of Staff Nurse who has made outstanding contribution in the fields of Neonatology.

The last date for submitting the nomination is 1st October 2017. For further details and Nomination Form please visit our website: www.nnfi.org

Dr. B.D. Bhatia  
President, NNF

Dr. Ajay Gambhir  
Past President, NNF

Dr. Alok Bhandari  
Secretary, NNF
NOMINATION FORM FOR AWARD OF FELLOWSHIP (FNNF)-2017

Rules for Nomination of Regular Candidates

1. The National Neonatology Forum (NNF) confers Fellowship (FNNF) to the members of the NNF who have made outstanding contributions in the fields of Neonatology, Research, Development of Sub-specialties, Medical Publications and Community Neonatology over and above the call of normal duty or due to position of the nominee. This year NNF decided to accept one nomination of Staff Nurse who has made outstanding contribution in the field of Neonatology.

2. The nomination should be submitted in the prescribed form duly proposed and seconded by the eligible Fellows and/or Life and/or Ordinary Members of the NNF to be submitted in 4 (Four) copies.

3. The nominee should have been a member of the National Neonatology Forum for 10 years before submission of his/her nomination to the National Neonatology Forum. The enrollment year of the membership of the nominee shall be taken as full year of membership for the purpose of computing 10 years of membership.

4. The eligible Fellow and/or Life and/or Ordinary member of the NNF is entitled to nominate only one nominee for FNNF in a year.

5. The proposer and the seconder of the nomination should have been the member of the National Neonatology Forum for 10 years before proposing/seconding the name of any member for the FNNF.

6. A duly signed consent of the nominee stating that he/she is willing to be nominated to Fellowship of the National Neonatology Forum should be given.

7. The nominations will be invited through an announcement in NNF's official website (www.nnfi.org) and publications in any other form like circular etc. The nomination should reach (four hard copies) by 01st October 2017 till 5 pm to Dr. Alok Bhandari, Secretary NNF, 803, Northex Tower, A-9, Netaji Subhash Place, Ring Road, Pitam Pura, Delhi-110034

Rules for Nomination of Non-Regular Candidates (Honorary Fellowship of NNF)

1. Honorary Fellowship of NNF is conferred to scientists who are not the members of NNF but have made outstanding contributions to improve the status of neonatology and newborn health in India.

2. The nomination should be submitted in the prescribed form duly proposed by the eligible Fellows and/or Life and/or Ordinary Members of the NNF.

3. The eligible Fellow and/or Life and/or Ordinary member of the NNF is entitled to nominate only one nominee for Fellowship in a year.

4. A duly signed consent of the nominee stating that he/she is willing to be nominated to Fellowship of the National Neonatology Forum should be given.

5. The nominations will be invited through an announcement in NNF's official website (www.nnfi.org) and publications in any other form like circular etc. The nomination should reach by 1st October 2017 at 5 p.m. to Dr. Alok Bhandari, Secretary NNF, 803, Northex Tower, A-9, Netaji Subhash Place, Ring Road, Pitam Pura, Delhi-110034

For details and Nomination Form please go through our website: www.nnfi.org
NOMINATION FORM FOR AWARD OF FELLOWSHIP (FNNF)

Name of the Nominee: .................................................................................................................................................

Membership No.: .....................  Date of Birth: ......................... Sex: ..................................................

Communication Address: ..................................................................................................................................................

..................................................................................................................................................................................

Mobile No. ....................................................... Email: ..................................................................................

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Date of Obtaining Degree/Diploma:

<table>
<thead>
<tr>
<th>Medical / Pediatric Qualification</th>
<th>Name of the University/Institute</th>
<th>Qualifying Date</th>
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1. Teaching and/or Professional Experience till date

<table>
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<tr>
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<th>Designation</th>
<th>Hospital</th>
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</tbody>
</table>
2. **Editorial Services provided to Medical Journal (Yes/ No. If yes, then please specify)**
   (i) Name of the Medical Journal
   (ii) Details of Medical Journal
       (a) Frequency - Monthly / Bimonthly / Quarterly / Yearly
       (b) Approximate circulation : copies
       (c) Indexed in Cumulative Medical Index: Yes / No
   (iii) Designed in Journal with year of service provided
   (iv) Exact job specification / role in the journal

3. **Details of Publications (Kindly attach an annexure if required)**
   (i) Number of Medical Books published with their titles, publishers and year of publication (please specify whether single or multiple editors, mono or multiple authors, proceedings of workshop / conference / symposia, approximate copies consumed / sold and whether receiving royalty / honorary work).
   (ii) Contribution to Chapters to Books.
   (iii) Publications in Medical Journals (attach a list of complete references of publications - please do not include articles submitted for publication).
       (a) International Medical Journals
       (b) National Medical Journals
   (iv) Publications in other Print Media (Child Health related articles in newspapers, magazines, school books, etc. Details of title, magazine and date/year of publication, etc to be provided).

4. **Awards of Professional Recognition (Specify the name(s) of the Award(s) with year)**
   (i) State/City
   (ii) National
   (iii) International

5. **Representation in International / National Organizations / Committees / Bodies / Institutions (Kindly attach an annexure if required)**
   (i) Role in International Organizations
       (UNICEF, WHO, World Bank, UNFPA, USAID etc.)
   (ii) Membership of Expert Committees
       (Task Force of ICMR, Ministry of Health and Family Welfare, Ministry of Women and Child Development, Planning Commission, ICDS, Indian Council of Child Welfare, Medical Council of India, etc. - Please specify the title of the Committee and year(s) of serving).
   (iii) Visiting Professorship and other assignments beyond the purview of routine duties (Please specify the University / Assignment and year(s)
       (a) India
       (b) Abroad

6. **Role in NNF/International Neonatal / Pediatric / Perinatal Societies with year(s) of serving (Kindly attach an annexure if required)**
(I) Member of Executive Committee of International Pediatric Association / APSSEAR
(ii) Member of the Executive Board of Central NNF
(iii) Office-Bearer of Central NNF
(iv) Office-Bearer of State NNF
(v) Contribution of National / Zonal / State Conference of NNF
   (a) Secretary
   (b) Joint Organizing Secretary
   (c) Any other contribution (Please specify)
   (vi) Any other (Organization of CME Programs, Symposia, Seminars, Workshops / Chapters, etc. (Please specify the designation(s) with the exact responsibilities)
(vii) Convenor / Member of NNF Committee / Task Force / Program

7. Contribution made towards Newborn Welfare activities in your (Kindly attach an annexure if required)
   (I) City
   (ii) State
   (iii) National level

8. Give a summary of highlights of the outstanding contributions made by the nominee in the fields
   of Newborn & Child Health, Research, Education, Welfare activities and organizational work in
   about 200 words. Please include features not highlighted in sections 1 to 7. (Kindly attach an
   annexure if required)

<table>
<thead>
<tr>
<th>Signature of Proposer</th>
<th>Signature of Seconder</th>
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<tr>
<td>Name of Proposer</td>
<td>Name of Seconder</td>
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<tr>
<td>NNF Membership No.</td>
<td>NNF Membership No.</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
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<tr>
<td>Place</td>
<td>Place</td>
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CONSENT OF THE NOMINEE

I am willing to be nominated to Fellowship of National Neonatology Forum.

Signature of the Nominee: .................................................................

Name of the Nominee: .................................................................
Bids are hereby invited for the “NEOCON 2019” which will be the 39th National Conference of National Neonatology Forum of India. State NNF branches that wish to bid for NEOCON 2019 which may kindly note the following guidelines

• It had been resolved in the Executive Board Meeting that only those applications which are filled completely according to the prescribed format and received by the Central NNF Office latest by 15th November 2017 by email or by post will be considered for the bid.

• Decision will be taken in the Governing Body. The bidding branches thus short-listed will be informed of their selection in General Body Meeting 2017 on 9th December 2017.

• Each bidding branch has to send the DD of Rs 200,000/- with the bid. The hosting branch’s bidding amount of Rs. 2 Lacs will be accepted by Central NNF office and this mode of payment should be made in the name of “National Neonatology Forum” payable at Delhi or through NEFT/RTGS as per bank details given below:-

Account No. : 91191010001308, Bank Name : Syndicate Bank, Branch : DTC Wazirpur, New Delhi 110035, IFSC Code: SYNB0009119, Account Name- National Neonatology Forum, Type of account- Current

• The format for submission of the bid is appended with this notice.

• The hosting branch should be registered with the Registrar of Societies, should have its own PAN and should be filing its own Income Tax Returns. Central NNF, PAN cannot be used for NEOCON financial transactions. Please submit along with the bid,

• Resolution passed by the branch,
• DD of Rs 2 Lacs
• Copy of constitution,
• Copy of registration certificate,
• Copy of the pan card,
• Members list
• I.T returns if any.
• Adherences to these guidelines are mandatory prior to bidding of Neocon.

• The venue of the conference should be able to accommodate at least 1000 delegates in the main conference hall during plenary sessions and should be able to provide halls for at least 4 concurrent sessions of 250-350 person capacity each.

• The venue should be located within 1-5 kilometres of hotels that can accommodate at least 1000 delegates.

• The venue should also have appropriate areas designated for scientific exhibition, inauguration function, banquet(s), cultural event(s) and should have ample parking space.

• Rs 1000/- for every registration has to be submitted every 3 monthly to the Central NNF and 30% of the profit or Rs 1000/- per registration (whichever is more) has to be submitted by one year of completion of the NEOCON.
a) NNF City Branch / NNF District Branch inviting conference:
.................................................................................................................................

b) Does the hosting city have Medical College? YES / NO
If yes, is it Govt. Medical College / Private Medical College

c) Details of possible venue
Venue: ..........................................................................................................................
Distance from Railway Station: .................................................................
Distance from Airport: ..............................................................................
Main Hall sitting capacity: ........................................................................

Subsidiary Hall sitting capacity
Hall 1 ...................... Hall 2 ......................
Hall 3 ...................... Hall 4 ......................
Hall 5 ...................... Hall 6 ......................

d) Inauguration ceremony site & Sitting Capacity: ..............................................................
Distance from conference venue: .................................................................

e) Accommodation capacity in the host city (no. of beds available):
Hotel: Star ........... Non-star ..............
Hostel ................... Guest House ..............

f) Transport connections to other parts of country:
No. of trains / day : .........................
No. of flights / day : .........................

g) Last National Conference held by host city (year): ......................
Report submitted : Yes / No

h) Details of last Zonal / State / District / City Conferences held by host city:
 Conference Year No. of delegates
1. .............................. .............. ..............
2. .............................. .............. ..............
3. .............................. .............. ..............
4. .............................. .............. ..............

i) We have read the guidelines and will abide by all the rules and regulations.

Signature  
President
Name & Address

Signature  
Secretary
Name & Address

Signature  
Treasurer
Name & Address
ANNOUNCEMENT

NR India Training of Trainers (TOT)

The National Neonatology Forum (NNF) is going to conduct one day NR India Training of National Trainers (TOT) on 11th December, 2017 during NEO CON-2017 at, Gurugram, Haryana. The registration seats are limited. Interested members are requested to register at the earliest. Registration will be done on first come first serve basis. The last date for registration is 30th October 2017. For registration: Please send your bio data to administrator@nnfi.org

Dr. Lalan Kr. Bharti
Jt. Secy. cum Treasurer, NNF

Dr. Alok Bhandari
Secretary, NNF

National Neonatology Forum, India

Membership

This is to request you to encourage the paediatricians to become NNF members. For this they have to fill the membership form and send to demand draft for Rs. 10,000/- in favour of National Neonatology Forum to become a life member or pay through NEFT/RTGS. Bank details are given below. Please download NNF membership form from NNF website www.nnfi.org

Name: National Neonatology Forum, Bank Name: Yes Bank Ltd., Branch: Ground Floor, Anchor No. 2, D-Mall, Plot No. 1, Netaji Subhash Place, Pitampura, New Delhi-110034, Account No. 018494600000610, IFSC Code: YESB0000184, Type of A/c: Saving Account

For any query please contact:

Dr. Alok Bhandari
Secretary, NNF

Dr. Lalan Kr. Bharti
Jt. Secy. cum Treasurer, NNF

Secretariat:
803, 8th Floor, A-9, Northex Tower, Netaji Subhash Place, Pitampura, Delhi-110034
Tele: 011-27353535 Mobile: 08527453535, Email: secnnf@nnfi.org, info@nnfi.org Website: nnfi.org

Announcement NNF Training Fellowship for Doctors and Nurses

Dear NNF Members,

NNF invites applications for fellowship from its members (Doctors and Nurses) in Accredited Centre. Details are on website www.nnfi.org. Kindly download the form and send it to the NNF Office 803, 8th Floor, A-9, Northex Tower, Netaji Subhash Place, Pitampura, Delhi: 110034 or send your request of application to Ms. Neetu email: accreditation@nnfi.org

Dr. K.K. Diwakar
Chairman
NNF Fellowship Committee

Dr. Alok Bhandari
Secretary, NNF
Email: secnnf@nnfi.org
<table>
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<td>75,000/-</td>
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<tr>
<td>Black &amp; White Full page</td>
<td>40,000/-</td>
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<tr>
<td>Black &amp; White half page</td>
<td>20,000/-</td>
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</table>

**Note:** Advertisement must be sent in soft copy through (CD/DVD or PAN DRIVE) along with Cheque/Draft/Payorder in favour of “National Neonatology Forum” payable at Delhi or NEFT/RTGS, Bank Detail: Account No.: 91191010001308, Bank Name: Syndicate Bank, Branch: DTC Wazirpur, New Delhi-110035, IFSC Code: SYNB0009119, Account Name: National Neonatology Forum, Type of account: Current.

**Registration and Formation Guidelines for NNF State Chapter**

- The geographical area & nomenclature of the state should be well defined.
- The minimum of 50 life members should be there in the state to form a new state branch.
- They should be registered under societies registration act.
- The name registered should be National Neonatology Forum with state name. (For e.g. National Neonatology Forum - Delhi State).
- As there is some confusion and restriction to the name of national, the following guidelines are given for smooth registration at your state level.
- The central NNF is normally registered at Delhi and will give no objection certificate in the name of proposed secretary & the registrar of the state.
- The State/Regional/City chapters should apply for its own PAN Card with the State Chapters name and cannot use National Neonatology Forum Pan Card.

**Guidelines of State/City or Regional branches:**

1. The life members of the NNF are allowed to establish State, Regional or City Chapters within the framework of the Memorandum of Association of the Forum. State chapters will have the jurisdiction of a State or Union Territory. Regional chapters can be formed where life members of more than one state/union territory do not have their own state chapter. The State/Regional/City chapters shall promote the aims and objectives of the NNF as enunciated in the Memorandum of Association.
2. A minimum of 10 life members are requested to constitute the General Body of the State / Regional / City chapter. Once a state/regional / City chapter is established the Governing Body must formally approach its office bearers to seek official recognition.
3. A member of the State/Regional / City chapter must be a member of the NNF.
4. The State/Regional / City chapters shall function within the rules and regulations of the NNF stipulated by the Governing Body and the General Body.
5. “Finances”: All branches will be allowed to raise funds by way of subscription, advertisement, registration fee for program permissible under ethical code for their activities.
6. The State/Regional chapters can appoint or elect their office bearers on the lines of NNF.
7. The State/Regional/City chapters shall submit Annual Report of their activities, the list of members...
NNF AWARDS

NNF ORATION 2016

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>NAME</th>
<th>YEAR</th>
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<tbody>
<tr>
<td>1</td>
<td>Dr. B.D. Bhatia</td>
<td>2016</td>
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NNF FELLOWSHIP-AWARDEES (2016)

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<tbody>
<tr>
<td>F/85/2016</td>
<td>Dr. Leena Das</td>
<td>F/89/2016</td>
</tr>
<tr>
<td>F/86/2016</td>
<td>Dr. U.S. Agdish Chandra</td>
<td>F/90/2016</td>
</tr>
<tr>
<td>F/87/2016</td>
<td>Dr. T. Himabindu Singh</td>
<td>F/91/2016</td>
</tr>
<tr>
<td>F/88/2016</td>
<td>Dr. Naveen Benakappa</td>
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GOLD MEDAL OF FELLOWSHIP TRAINING PROGRAM OF DOCTORS 2016

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<tbody>
<tr>
<td>1</td>
<td>Dr. Pabiya Sree J</td>
<td><a href="mailto:pabiya.m@gmail.com">pabiya.m@gmail.com</a></td>
<td>09901122995</td>
<td>Apr-2016</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Saurabh Kumar Patel</td>
<td><a href="mailto:dr.patelsaurabh@gmail.com">dr.patelsaurabh@gmail.com</a></td>
<td>9424315382</td>
<td>Oct-2016</td>
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GOLD MEDAL OF FELLOWSHIP TRAINING PROGRAM OF NURSES 2016

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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ms. Vinitha Princy Kumari.V</td>
<td><a href="mailto:vini13mile@gmail.com">vini13mile@gmail.com</a></td>
<td>08095932948</td>
<td>Sep-2016</td>
</tr>
</tbody>
</table>

and an Annual audited statement of accounts to the Governing Body every year.

8. The General Body of the NNF shall be the final arbiter of any dispute between the State Chapters and the NNF. The decision of the General Body shall be final and binding.

9. The directive principles guiding the activities of the State/Regional/City Chapters shall be communicated by the President/Secretary NNF from time to time.

Dr. ALOKBHANDARI
Secretary NNF
Email: sec.nnf@nnfi.org
Website: www.nnfi.org
FBNC & Observership is flagship program of Government of India and National Neonatology Forum (NNF) which has also been rolled out in SAARC countries. Paediatric department of Safdurjung Hospital has been leading this initiative and has already done these training and observership for many states and nearby countries.

**UNICEF and Government of Afghanistan** has shown keen interest in utilizing the facility of newborn care in our hospital. National Neonatology Forum is the facilitator and coordinator for these trainings.

In this regard, the 4 days Facility Based Newborn Care (FBNC) Training from 12th to 15th December 2016 and 10 days Observership Training from 16th to 26th December, 2016 was conducted at Safdurjung Hospital, New Delhi. All the participants for the same were from Afghanistan.

The Workshop was conducted by Course Director Dr. K.C. Aggarwal and other three resource persons Dr. Anil Duggal, Dr. Sugandha Arya and Dr. Harish Chellani in 4 days FBNC training and Dr. Bhawna was invited to be the observer and this was followed by Observership which was conducted by Dr. K.C. Aggarwal, Dr. Harish Chellani and other faculty members from the nursery (Dr. Sugandha Arya, Dr. Shobhna Gupta and Dr. Shyam S. Mina). There were 22 participants from Afghanistan. (List of participants and their attendance enclosed). The participants included pediatrician, nursing personnel, personnel from Child Health and from policy division and from UNICEF (Afghanistan). The inauguration function was attended by the Medical Superintendent, Safdarjung Hospital, New Delhi.

The Training began with brief introduction of the participants. It was 4 days training followed by 10 days observership from 12th to 26th Dec 2016.

At the end of the training a valedictory function was organized on 26th December, 2016 at Safdarjung Hospital, New Delhi. During this function Dr. Ajay Khera, Deputy Commissioner, Ministry of Health & Family Welfare, Govt. of India, Dr. Ajay Gambhir, President, NNF, Dr. K.T. Bhowmik, Acting M.S. of Safdarjung Hospital, Dr. K.C.C Agarwal, HOD, Pediatrics Deptt. Safdarjung Hospital and Dr. Harish Chellani were present.
Dr. Ajay Khera, DC, MOHFW, GOI appreciated the efforts of Dr. Ajay Gambhir and NNF for conducting this type of training for Afghanistan Doctors in support with UNICEF, Afghanistan. He assured that Government of India always ready for any kind of help for such type of training program.

The participants and the resource person's feedback were taken. Dr Risvan from MOH Afghanistan highlighted the resources and challenges towards implementation of FBN Care and its training. Dr Ajay Khera congratulated the efforts of Govt. of Afghanistan are assured for technical support whenever required. Medical Suptt. extended the institutional support in conducting TOT at Safdarjung Hospital.
NSSK Refresher training quality &
Quality of Essential Newborn Care & Neonatal Resuscitation during the training

'Saving Newborn Live through improved management of Birth Asphyxia (CS-28) project'
Trainings held during November, 2016 to March, 2017

Save the children, under USAID has been collaborating successfully with National Neonatology Forum (NNF) since last many years to strengthen comprehensive newborn care. At the moment its role is in accelerating strategic issues of newborn care coordination and convergence between MOHFW and Government of Uttar Pradesh. It also feels that working closely with national level partners could ensure the realization of multiple commitments to the government on implementing quality programs for child survival. NNF proposes to continue to support operationalization of the SNCU through capacity building and training of Medical professionals in various districts of India. NNF proposes to additionally partner with Save the Children in various districts to strengthen newborn care facilities.

India accounts for 20% of the global burden of under 5 mortality and 56% of deaths happen in the first month. Birth asphyxia causes 19% of neonatal deaths. The Government of India’s Janani Suraksha Yojana (JSY) - a demand side intervention to promote safe deliveries - has led to an increase in institutional deliveries, and a shift of more than 70% deliveries from District Hospitals to Primary Health Centres (PHCs). The increase in PHC deliveries has not been matched by enhanced skills of birth attendants or adequate equipment, destroying opportunities to resuscitate non-breathing newborns. Birth asphyxia related deaths can be reduced by a) Preventing intrauterine hypoxia b) Managing the asphyxiated (non-breathing) newborn. To reach the MDG-4 Child survival, greater efforts are required for reducing neonatal mortality.

The Government initiated NSSK training for capacity building of health care providers focusing Essential Newborn Care and resuscitation. Save the children, under USAID funded Maternal and Child Health Integrated program started working in 35 districts to support the government of Uttar Pradesh in strengthening NSSK training package and its rollout. The project motive is facilitating in reducing intrapartum newborn deaths and intrapartum stillbirths in project area.

The National Neonatology Forum (NNF) was given responsibility to identify the pool of experts for conducting above mentioned activity and these identified experts impart the training along with the already trained Master trainers for support and ensure the quality of training. The said project will further strengthen the capacity of health providers in newborn resuscitation to improve management of birth asphyxia in neonates.

National Neonatology Forum sent its identified experts in 21 allotted districts. The amount sanctioned by SAVE THE CHILDREN for 17 districts but after conversation and approval from Dr. Santosh Kumar Kaushal, Project Manager, I/C, CS-28, the number of visits increased. These experts monitored the quality of training through use of a checklist given by Save the Children. The key activity given to these experts was Quality check of NSSK Refresher training and Capacity building (Back stopping of training in technical sessions) health providers in Essential Newborn Care and Resuscitation. The experts visited every allotted district and submit their report to National Neonatology Forum which has already been sent to you.

Every expert gave his opinion and suggestions/observations in his report. They inform about the equipment/instruments present in the skill stations, they feel that topics were appropriate. They discussed about case studies and evaluate the pre test / post test in which they found trainee got more than 80% marks in NR and ENC. They were happy with arrangements of trainings. As per the opinion of them the trainings were excellent.
The detail of the experts’ visit is given below:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Name of Dist.</th>
<th>Name of faculty</th>
<th>Date of Visit of 1st batch</th>
<th>Date of Visit of 2nd batch</th>
<th>Date of Visit of 3rd batch</th>
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<tbody>
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<td>1</td>
<td>Sharvasti</td>
<td>Dr. Shisher Agarwal</td>
<td>18-19 Dec 16</td>
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<tr>
<td>2</td>
<td>Mainpuri</td>
<td>Dr. Rajesh Kumar</td>
<td>19-20 Dec 16</td>
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<tr>
<td>3</td>
<td>Mainpuri</td>
<td>Dr. Ravi Sachan</td>
<td>21-22 Dec 16</td>
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<tr>
<td>4</td>
<td>Kanpur Nagar</td>
<td>Dr Manpreet Kumri</td>
<td>19-20 Dec 16</td>
<td>21-22 Dec 16</td>
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<tr>
<td>5</td>
<td>Sitapur</td>
<td>Dr B Mukherjee</td>
<td>19-20 Dec 16</td>
<td>21-22 Dec 16</td>
<td>23 - 24 Dec. 16</td>
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<tr>
<td>6</td>
<td>Deoria</td>
<td>Dr Manpreet Kumri</td>
<td>27-28 Dec 16</td>
<td>29-30 Dec 16</td>
<td></td>
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<tr>
<td>7</td>
<td>Lucknow</td>
<td>Dr Manpreet Kumri</td>
<td>6 - 7 Jan 17</td>
<td></td>
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<tr>
<td>8</td>
<td>Santkabir Nagar</td>
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Organized by NNF in support with UNICEF

Theme: Addressing Quality Midst Quantity

A plenary session was organized during NEOCON 2016 on 10th December, 2016 at Brilliant Convention Centre, Indore, M.P. and the theme of the session was “Addressing Quality Midst Quantity”

Around more than 500 delegates participated during the session and the session was well appreciated by all.
Dr. Sunil Mehendiratta, Past Secretary NNF welcomed all present members and dignitaries on the dias. He requested Dr. Ajay Gambhir to give his view on Quality the Indian way - Role of professional bodies and partnership.

Dr. Gambhir informed about the role of professional bodies and briefed about quality midst quantity in Indian way. He explained regarding quality improvement in neonatal care.

Dr. Gagan Gupta, Health Specialist, UNICEF briefed about UNICEF Partnership reducing neonatal deaths in India where the next gain will come from.

Dr. Samuel Rajaduraj from Singapore explained about Integrating quality into the clinical practice.

Dr. B.D. Bhatia, President, NNF detailed about the Need of India - Follow up & care beyond survival - INAP & RBSK. He also explained about six intervention packages of INAP like; preconception & anti natal care, care during labour and child birth, immediate newborn care, care of healthy newborn, care of small and sick newborn, care beyond survival.

Dr. Uday Devaskar share his views that how we can learn from partnership.

Vote of thanks given by Dr. Alok Bhandari, Secretary, NNF.

DR. SUNIL MEHENDIRATTA
Secretary, NNF, 2015-16
The National Level Training of Trainers (TOT) on Facility Based Newborn Care (FBNC) successfully conducted on 19th to 22nd February, 2017 at Hotel Tourist Village, Shivpuri, Madhya Pradesh.

Dr. Alok Bhandari, Secretary, NNF welcomed all participants who came from different parts of India and introduced Dr. B.D. Bhatia, President, NNF, Dr. Ajay Gambhir, Past President, NNF and Dr. Lalan Kumar Bharti, Jt. Secretary cum Treasurer. The Training of Trainers started with lighting of lamp.

Dr. Alok Bhandari requested Dr. Ajay Gambhir, Past President, NNF to brief about the objective, current status of the FBNC and way forward.
Dr. Ajay Gambhir, Past President, NNF and coordinator of the training thanked all the members for sparing their valuable time for attending this training. He informed that India has made remarkable progress in reducing childhood mortality but neonatal death rate has declined marginally, thereby contributing to a high proportion of total under 5 deaths. In order to standardize the curriculum for Facility Based Newborn Care program, MOHFW in collaboration with UNICEF developed a participant training manual, NRP manual and operational guidelines for uniform implementation of FBNC training all over the country. Facilitator's manual, has also been developed as a part of the training package so that all the facilitators conduct the FBNC training in a similar manner and uniform style. These required encourage and motivate the trainees to acquire the skills and knowledge required for managing newborns with zeal and enthusiasm.

Dr. B.D. Bhatia, President, NNF stressed about need to make policy for newborn care across India. He also informed that reducing neonatal mortality is the most important goal of this training and FBNC workshop should ensure provision of essential newborn care at all delivery points in the public health system.

Lot of issues was discussed during the training and practical trainings were given by the reputed experts on the following issues like:

Video on KMC was:
Hypothermia and Thermal Control, Care at and after birth, Breastfeeding, Preterm Baby, Care of Low birth weight neonate, I/V Fluids, Management of Hypoglycemia and Management of Shock, Drill on Fluid Therapy, Post Asphyxia Management, Neonatal Seizures, Video on Neonatal Seizures, Respiratory Distress in Newborn, Neonatal Jaundice, Drills, Emergency Triage Assessment and Treatment (ETAT), Neonatal Sepsis, Anemia and Bleeding in Neonate, Neonatal Transport with One Role Play, Follow-up of high risk Newborn, Newborn checklist, case sheets recording formats and online software Case Studies.
Two Hospitals/Sub-Centre Visit were also conducted during the training and the following issues were discussed:-

- Skill Stations (Hospital)
- Thermal Control
- Breastfeeding/Assisted Feeding
- Prevention of Infection
- IV access, Umbilical Cannulation, CRT evaluation, LP
- Equipment Demonstration
- Radiant Warmer, Weighing Scale
- Phototherapy Unit, Suction Machine
- Oxygen Concentrators, O2 Source and O2 Delivery Systems
- Pulse Oximeter, Infusion Pump and Burette Sets
- Clinical Case Presentation and Discussion

At the end Dr. Lalan Kumar Bharti, Jt. Secy. Cum Treasurer, NNF thanked all the participants, Faculty and dignitaries present on the occasion.

Dr. Alok Bhandari  
Secretary, NNF

Dr. Lalan Kr. Bharti  
Jt. Secy. cum Treasurer, NNF
National Neonatology Forum (NNF) & Global Health at University of California in Los Angeles (UCLA, USA) organized a Mega Conference of Advances in Neonatology & Paediatric which was held on 4th & 5th March, 2017 at Hotel Taj Deccan, Hyderabad, Telangana was well appreciated by all and we hope that everyone learnt a lot through its didactic presentations and interactive sessions. As Paediatricians & Neonatologists, it is indeed our privilege and responsibility to provide state of the art care to children & this conference went a long way in reaching our goal of reducing Neonatal & Infant Mortality in India.

During the keynote address Dr. Ajay Gambhir, Nodal Person of the Conference and Immediate Past President, NNF thanked all participants who gave their valuable time and support to make this event successful. He assured that in future also, NNF will conduct more this type of activities to improve skills and knowledge of the participants.

Dr. Uday Devaskar, Prof. of Neonatology, UCLA and Chairman of Organizing Committee of the ANP Conference also thanked to all for attending the conference. He assured all to continue this type of activity every year so that the ratio can be reduce in India for Neonatal & Infant Mortality.

During this conference lot of issues were discussed like; Dr. Vivek Narendran briefed about Evidence Based Non-Invasive Ventilation, Dr. Praveen Kumar gave his view on Supplemental oxygen or RA during CPR. Dr. James Wynn explain about, why are neonates susceptible to sepsis and Molecular diagnosis of sepsis, where we are?, Dr. Vishnu Bhat detailed about innovations in NICU technologies for low resource countries, Dr. Michael Cotton explained about the brave new world of genomics in neonatology, Dr. Mark Steinhoff briefed about universal influenza vaccination in India and what causes respiratory infection in Indian infants. All issues were discussed through power point presentation and also through panel discussions. That was the first time in India when as much foreign faculty share their experience with Indian neonatologists.
At the end the meeting was ended with vote of thanks.

Dr. Uday Devaskar  
Chairpersons

Dr. Suhas Kallapur  
Organizing Secretary

Dr. Ajay Gambhir  
Nodal Person, NNF

Dr. B.D. Bhatia  
President, NNF

Dr. Alok Bhandari  
Secretary, NNF

Dr. Lalan K. Bharti  
Jt. Secy. cum Treasurer, NNF
The following were present: -

1. Dr. Baldev Bhatia, President, NNF
2. Dr. Ajay Gambhir, Past President, NNF
3. Dr. Alok Bhandari, Secretary, NNF
4. Dr. Lalan K. Bharti, Jt. Secy. cum Treasurer, NNF
5. Dr. Praveen Kumar, Chairperson, CPG Committee, NNF

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<th>No.</th>
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Dr. Alok Bhandari, Secretary, NNF welcomed all the present members and he requested Dr. Ajay Gambhir, Past President, NNF to brief about the current status of Evidence Based Clinical Practice Guidelines.
Dr. Ajay Gambhir thanked all the present members to give their valuable time to attend this meeting. He informed that on 17th & 18th November, 2009 the first meeting was held to prepare this Evidence Based Clinical Practice Guidelines and during this meeting 66 experts gave their contribution to prepare these guidelines. Now the time has changed and technology has advanced that is why there is need to revise these guidelines. Dr. Ajay Gambhir informed that during this meeting we will make some recommendation, so we gave this responsibility to Dr. Praveen Kumar to form a committee for the same and he was appointed as Chairman of this committee.

Dr. Alok Bhandari requested Dr. B.D. Bhatia, President, NNF to present his views for revision of this guidelines.

Dr. B.D. Bhatia, President, NNF welcomed all the present experts who came from the different corner of the country. He also praised for Dr. Praveen Kumar for his hard working and best efforts for revision of these guidelines. He assured that NNF will always work for improvement in quality of neonatal care.

Dr. Alok Bhandari requested Dr. Praveen Kumar to brief about the progress and time frame work to revise these guidelines.
Dr. Praveen Kumar thanked all experts to join this academic activity for revision of NNF Evidence Based Clinical Practice Guidelines which was published in 2010. He said that all present experts are established & experienced and having the knowledge of bottlenecks and gaps which exist in our country. Hence they are in the best position to create revised guidelines along with other ancillary documents. He requested all experts to discuss amongst the group members and distributed the tasks. He also informed the broad aims of the revision of guidelines:-

i) Updating of recommendations as per new evidence
ii) Modifications in the light of experience gained in implementation over last 5 years
iii) Give clear recommendations for SNCUs and level 3 units separately, if required
iv) Create job-aides and other materials to facilitate implementation
v) Create tool for auditing the utilization of the guideline

Dr. Praveen Kumar informed that previous edition of CPG was a great learning experience for all and a high quality work. He also explained that our aim for upcoming edition of CPG should be highest quality, based on currently accepted international guideline development methods. He said that all guidelines will follow a uniform format and use GRADE process for developing the recommendations. In this regard Dr. Praveen Kumar suggested the following proposed plan outline to the experts:

1. CPG development and writing groups will be given scope of the guideline and a structured format to work upon and requested to submit the key questions the guideline should address.
2. Editorial board shall review and finalize the key questions with inputs from selected SCNU coordinators and doctors. A Delphi process will be used.
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7. Writing groups will revise and finalize SOE tables, judgements and write-ups based on the feedback.
8. A meeting of stakeholders with presentation of all SOE tables, and recommendations.
9. Revisions by writing groups.
10. Editorial group completes editing and finalizes. Copy-editing.
11. Publish on-line and disseminate through e-mail, Journal, websites, state meetings etc.
12. Each group to also create mechanisms/tools for bedside use (job-aides etc.) and auditing the usage.

**Face to face meetings**

At least 2 meetings have been planned: during this meeting the key questions have been finalized. The next one will be for presentation of all SOE tables, and recommendations for discussion.

**Web-meetings**

Several web-meetings through Go to Meeting shall be organized as we go along.

After that 10 groups were formed for discussion. Each group contain 4 experts along with their chairperson. Each group raised their questions and explanations were given on each topic.

The meetings was successfully conducted and praised by all.

At the end Dr. Alok Bhandari thanked all the present members to give their support for revision of Evidence Based Clinical Practice Guidelines.

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**Dr. Alok Bhandari**
Secretary, NNF

**Dr. Lalan K. Bharti**
Jt. Secy. cum Treasurer, NNF
National Neonatology Forum, Indian with support of UNICEF successfully conducted a Training Workshop of NICU Staff on Database Software on 14th May, 2017 at Hotel Jay Pee Siddhartha, Rajindra Place, New Delhi. Dr. Alok Bhandari, Secretary, NNF welcomed all participants came from different corner of India. He requested Dr. B.D. Bhatia, President, NNF, Dr. Ajay Gambhir, Past President, NNF and Dr. Lalan Kumar Bharti, Joint Secretary Cum Treasurer, NNF on the dais. He requested all participant to give their introduction. He also requested Dr. B.D. Bhatia to present his view on this training.

Dr. B.D. Bhatia thanked Dr. Gagan Gupta and UNICEF to support this important database workshop. He informed that Database is very important for all SNCU. He suggested that we should keep record of mortality and patient record through database software. He also thanked participants to give their valuable time. He requested Dr. Ajay Gambhir to present overview of FBNC/NICUDatabase Software.

Dr. Ajay Gambhir thanked UNICEF to support this training program. He informed that NNF launched the NNPD in the year 2003. This was done to link the various neonatal units across the India and gather the neonatal data regarding neonatal admissions diseases mortality and morbidity. This was limited to very few centers and data was not very big. Since then many more efforts have been done with limited success. NICUs across the nation are still deficient in data management. Many units are using databases obtained from foreign collaborators and sharing data externally. Nationally no such database existed till very recently. The UNICEF MP developed the very user-friendly SNCU online software which is being used across the entire state of MP. This software is now being used by other states supported by NRHM as well e.g. Haryana. It is planned that NNF with its existing pool of over 115 SNCU’s accredited by the new accreditation guidelines can partner with UNICEF to adopt this database in the NICUs in private. This will provide a heterogeneous mix of data from both private as well as government / UNICEF supported SNCU’s at the National level. To successfully operate and install the database a one day training of the NICU staff is required. Therefore, such workshops for hands on training in installation and operation of NICU online software are being envisaged. Dr. Ajay Gambhir informed that we are organizing more workshops in coming months and we will include all accredited centers for this training. He also informed that lot of changes coming in SNCU day by day and FBNC training is very important because all data keeping record detail and methods clearly mentioned in FBNC module which was...
prepared by NNF with support of Ministry of Health and UNICEF. He requested Dr. J. Kumutha to brief about the SNCU stationery & recording formats of Database record keeping.

Dr. J. Kumutha thanked Dr. Ajay Gambhir and informed that such software was formerly started in Government Sector now we are trying to implement in private sector. She also explained about the benefits for adopting of this software in their centers. She informed that we were very limited in past years but after adopting this software we are now at this stage where we can collect all the data related to morbidity and mortality of newborn. She requested all to adopt this software, so that we came to know the current status of newborn care globally. She briefed the participants all facts and legal points for newborn care facilities. She also informed about the procedure to run this software and supply their information to the government.

Mr. Shahnawaz Khan, Training Coordinator briefed the participants that how they can use this software and he also briefed the all technical procedure to run this software in their centers.

At the end of the workshop Dr. Lalan Kumar Bharti thanked all the present delegates and dignitaries on the dais to give their valuable time and he requested them to adopt this data software and support to government for take the necessary step in newborn healthcare system.

DR. ALOKBHANDARI
Secretary, NNF
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Dr. Ajay Gambhir, Past President, NNF
Dr. Alok Bhandari, Secretary, NNF
Dr. Praveen Kumar, Chairperson, CPG Committee, NNF

Dr. Avneet Kaur, Faculty
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**Dr. Alok Bhandari**

Secretary, NNF
MADE IN INDIA

NRI- NEONATAL RESUSCITATOR, INDIA
Advanced NRP (India) database of Providers for Doctors

(North)
Delhi, Chandigarh, Haryana, J&K, Punjab, Rajasthan

Dr. Ajay Gambhir, Dr. Sunil Kumar Mehendiratta, Dr. Shubham Gang, Dr. C.P. Sachdeva, Dr. V.K. Shama, Dr. Anita Singh, Dr. Arti Maria, Dr. Harish Pemde, Dr. K.C. Agarwal, Dr. N.B. Mahur, Dr. Amitava Sengupta, Dr. Lata Bhatt, Dr. Ashish Jain, Dr. Vikram Datta, Dr. Sushil Srivastava, Dr. Ajay Dudeja, Dr. Shobhna Gupta, Dr. Gaurav Jawa, Lt. Col. (Dr.) Vishal Vishnu Tewari, Dr. Priyanka Gupta, Dr Meenu Pandey, Dr. Bhanu K. Bhakhi, Dr. Rohit Arora, Dr. Saurabh Khanna, Dr. C. Apama, Dr. Bhawna Shama, Dr. Ankur, Dr. Avneet Kaur, Dr. Anup Thakur, Dr. Lalan Bharti, Dr. Vikas Verma, Dr. Sandeep Rawal, Dr. Shrinir Somani, Lt.Col.(Dr.) Subhash Chandra Shaw, Dr Alok Bhandari, Dr. Pradeep Kumar Shrama, Dr. Sunjeet Kaur Madan, Dr. Sidhant Kapila, Dr. Poonam Rastogi, Dr. Ashwini Singhal, Dr. Ravi Bansal, Dr. Gurdeep Singh Dhooria, Dr. Hamesh Singh Bains, Dr. Kamaldeep Arora, Dr. Sandeep Sudamrao Patil, Dr. L Nishath Ahmed, Dr. Binesh Balachandran, Dr Sukhsham Jain, Dr. Rakshita Chakroborti Dr. Anil Bata, Dr. Saurabh Singh, Dr. Satyen K. Hemrajani, Dr. Sanjay D., Dr. Pankaj Agrawal, Dr. Ashish Satpathy, Dr. Chetan Meena, Dr. Dhananjay Mangal, Dr Rajpreet Soni, Dr. Subhash Singh Sathia, Dr. Vikas Verma, Dr. Alok Bhandari, Dr. Bikramjit Das, Dr. Sanjay Wazir, Dr. Naveen P. Gupta, Dr. T.J. Anthony, Dr. Gagan Mahajan, Dr. Anil Kumar, Dr. Poonam Singh.

(South)
Karnataka, Kerala, Tamilnadu, Pondicherry

Dr.Ashwini R.C., Dr. Manu M.G., Dr. Tisha Ann Skariah, Dr. Eriwawaimeon Shilla, Dr. Abhay B. Mahindre, Dr. Chandrakala B.S., Dr. Prashanth Madapura, Dr. Deepthi Thandaveshwara, Dr. Mohamed Haseen Bashra, Dr Sahana Devedas, Dr Shruthi KBhardwaj, Dr. G. Ram Mohan, Dr Venkatesh H.A, Dr. Prathik B.H, Dr. Santosh Kumar Krishnappa, Dr. R. Shanmughasundaram, Dr. T.L Ratna Kumari, Dr. S. Balaji, Dr. Subramanian, Dr. S. Ramesh, Dr. Manigandan Chandrasekaran, Dr. Madhuri Prabhu, Dr S. Kalyanmohan, Dr. Shobana Rajendran, Dr. Suba Karthikeyan, Dr. Narayanana E., Dr.Ramkumar, Dr. Peter, Dr Madhu George, Dr. Jasim Shihab, Dr. Aswin S. Prabhu, Dr. Rajasee Sreedevi, Dr. Jayasee C., Dr. N. C Chandra Kumar, Dr Boopathi Sellapan, Dr. Anita Nyamagoudar, Dr. Karthik A., Dr. Sathish Devaraj, Dr. Bharathi Balachandran, Dr. Nishad Palakkal, Dr. Lakshmi S.H., Dr. Balakrishnan. R, Dr Vishnu Mohan P.T, Dr Karthik T, Dr Rabindran C, Dr Jose Paul, Dr. Saranya Manickaraj, Dr. Abdul Majeed, Dr. Sajid, Dr Chetan Kumar,

(East)
Bihar, W.B., Orissa, Jharkhand

Dr. Ashok Talapatra, Dr. Samit, Dr. Alok Swain, Lt. Col. (Dr.) Subhash Chandra Shaw, Dr. (Major) Rajeev Kumar Gupta, Dr. Jagdish Sahoo, Dr R.N. Panda, Dr. Asutosh Mahapatra, Dr. Santosh K. Panda, Dr. Babikananda Mukherjee, Dr. Kheya Uttam Ghosh, Dr. Bhaswati Ghoshal, Dr. Nicola Judith Flynn, Dr. Binod K. Singh, Dr. Shawan Kumar, Dr. Pratap Kumar Patra, Dr. Om Prakash, Dr. Susrat das, Dr. Chitta Ranjan Rath, Dr. KTSubudhi, Dr. Pankaj Mohanty, Dr. Mrunjyay Dash
(West)
Gujarat, Maharashtra
Dr. Deepak Pande, Dr. Maulik Shah, Dr. Vijay K. Patel, Dr. Biraj Thakker, Dr. Samir Sheikh, Dr. Devendra Dangar, Dr. Deepa Ajay Banker, Dr. Omprakash Shukla, Dr. Prashant Dixit, Dr. Kedar Sawleshwarkar, Dr. Manish Jain, Dr. Shweta Chawla, Dr. Somasekh Nimbalkar, Dr. Jatin Mistri, Dr. Ravikumar D. Parikh, Dr. Mohd. Katbuddin Gandhi, Dr. Nirav Potana, Dr. Vijay K Gavade, Dr. Sudhir Malwade, Dr. Amit Dahat, Dr. Kamlesh Shrivastava

(Central)
UP, M.P., H.P., Chhattisgarh, AP
Dr. N.C. Prajapati, Dr. Ashok Kumar, Dr. Surendra S. Bisht, Dr. Ravi Khanna, Dr. Shisher Agarwal, Dr. Sushma M. Kaul, Dr. Ravi Sachan, Dr. Kirti M. Naranje, Dr. Niranjani Kumar Singh, Dr. Yashwant Kumar Rao, Dr. Mamta Jajoo, Dr. Anip Garg, Dr. Sripathi Basu, Dr. S. N. Singh, Dr. Mala Kumar, Dr. Shalini Tripathi, Dr. S. Manazar Ali, Dr. Aradhana Singh, Dr. Rupa Dalmia Singh, Dr. Vasvi Sivarama Raju, Dr. Shailesh Prabhakar Patil, Dr. Pavan Kumar, Dr. Naunihal Singh, Dr. N. Ravi Kumar, Dr. S. Ramprasad, Dr. C. Nimada, Dr. G. Vijay Kumar, Dr. Shikhar Jain, Dr. Dipankar Sarkar, Dr. Saurabh Vyas, Dr. Omesh Khurana, Dr. Amit Gupta, Dr. Dharmaesh Kumar Patel, Dr. Kriti Mohan, Dr. B. Manohar, Dr. M. Suresh Babu, Dr. L Swapna, Dr. Surender K

(North)
Delhi, Chandigarh, Rajasthan, Haryana, J & K, Punjab
Dr. Sunil Mehendiratta, Dr. Shiv Sajan Saini, Dr. Suksham Jain, Dr. Deepak Chawla, Dr. Onkar Khandwal, Dr. Virendra Kumar Kurrey, Dr. Ajay Gambhir, Dr. Vikram Datta, Dr. Arti Maria, Dr. Anil Kumar Duggal, Dr. K.K. Vema, Dr. Veena Devgan, Dr. Harihara, Dr. Satish Saluja, Dr. Sushma Nangia, Dr. N.B. Mathur, Dr. Neelam Kler, Dr. Sadhana Mehta, Dr. J.P. Dadich, Dr. Arvind Sall, Dr. Harish Chellani, Dr. Ajay Kumar, Dr. Ajay Dudeja, Dr. Ashish Jain, Dr. Pankaj Garg, Dr. Raghvendra Singh, Dr. Bhawna Dubey, Dr. Naval Kumar Gupta, Dr. Manoj Modi, Dr. Kumar Ankur, Dr. Sushil Srivastava, Dr. M.L. Jaipal, Dr. Pooja Dewan, Dr. R.N. Mandal, Dr. MMA Faridi, Dr. Sunita Bhatia, Dr. G. P. Kaushal, Prof. (Dr.) Pity Koul, Dr. Bhanu Bhakhri, Dr. Alok Pradhan, Dr. Vivek Chaudhury, Dr. Viswas Chhapola, Dr. Shobhna Gupta, Dr. Suman Arora, Dr. Peeyush Jain, Dr. Anil Batra, Dr. Mamta Shama, Dr. Anjoo Bhatnagar, Dr. Raman Bhandari, Dr. Suresh Dalpath, Dr. Kundan Kumar Mittal, Dr. Geeta Gathwala, Dr. Amitava Sen Gupta, Dr. Earl Gagan Jyot, Dr. Anuj Bhatti, Dr. Inderpreet Sohi, Dr. Ashwini Singal, Dr. Taru Kapoor, Dr. Mukesh Gupta, Dr. S. Sitaraman, Dr. Rajpreet Soni, Dr. J. Akishan Mittal, Dr. Naveen P. Gupta, Dr. Anuradha Govil, Dr. Mamta Jajoo, Dr. Sugandha Arya, Dr. Adarsh Azad, Dr. Anurag Agarwal, Dr. Mohini Kumari, Dr. Lalan Kumar Bharti, Dr. S.S. Bhist, Dr. Priyanka Gupta, Dr. Poonam Dalal, Dr. Aaradhana Singh, Dr. Nowneet Bhat, Dr. Dhananjay Mangal, Dr. Alok Bhandari, Dr. Thanda Ram Patel,

(South)
Kamataka, Kerala, Tamilnadu, Pondicherry
Dr. Archana Bilagi, Dr. Ravi Swamy, Dr. Praveen Venkatagiri, Dr. Naveen Jain, Dr. Nishad Plakkal, Dr. J. Kumutha, Dr. Kuruvilla, Dr. J. Shyamala, Dr. V. Lakshmi Swaran, Dr. Ramachandran Mohan, Dr. Mangla Bharti, Dr. T.L. Ratna Kumari, Dr. Rabindra Chandran, Dr. Akhilesh Kumar, Dr. Siddartha Buddhavarapu, Dr. Tejo Pratap, Dr. Vishnu Mohan P.T, Dr. Rahul Yadav
### (East)

**Assam, Bihar, Jharkhand, Orissa, Sikkim, W.B.**

- Dr. N.P. Saharia, Dr. S.K. Roy, Dr. R.K. Kayal, Dr. Arti Deka, Dr. Reeta Bora, Dr. B.N.P. Yadav, Dr. C.B. Kumar, Dr. N.P. Narain, Dr. Alka Singh, Dr. Shrvan Kumar, Dr. Sashi Kant Mishra, Dr. Rajiv Mishra, Dr. U.P. Sahu, Dr. Krishna Prasad, Dr. Rajiv Sharan, Dr. Ashok Talapatra, Dr. Rajesh Kumar, Dr. Aditya K. Mohapatra, Dr. Arkita Swain, Dr. Ashutosh Mahapatra, Dr. Samrendra Mahapatra, Dr. P.K. Saboth, Dr. S.C. Majhi, Dr. Sudeep Dutta, Dr. Bibekananda Mukherjee, Dr. Kheya Uttam Ghosh, Dr. Tapabrata Chattejee, Dr. Bikash Bhattacharya, Dr. Asim Kumar Mallick, Dr. Gobinda Chandra Das, Dr. Arun K. Singh, Dr. S. Sardar, Dr. Brajagopal Ray, Dr. Pankaj Mohanty

### (West)

**Gujarat, Maharashtra**

- Dr. Omprakash Shukla, Dr. Bhadresh Ramniklal Vyas, Dr. Somashekar Nimbalkar, Dr. Ashish Mehta, Dr. Sheila Gangadharan Aiyer, Dr. Uma Nayak, Dr. Akash Bang, Dr. Sandeep Kadam, Dr. Sheila Samanta Mathai, Dr. Jayashree A. Mondkar, Dr. Rishikesh P. Thakre, Dr. Umesh Vaidya, Dr. Ruchi Nanavati, Dr. Sandhya Khadse, Dr. C.P. Joshiwal, Dr. Manish Jain, Dr. Samir Sheikh, Dr. Kamlesh Shrivastava, Dr. Sunil D Gavhane, Dr. Saumil Desai

### (Central)

**U.P., M.P., H.P., A.P.**

- Dr. Rajshree Bajaj, Dr. Dipankar Sarkar, Dr. Ajay Gour, Dr. Shikha Raj, Dr. Vishambhar P. Goswami, Dr. Kamna Jain, Dr. Nilesh Jain, Dr. Saurabh Vyas, Dr. Pallavi Londhe, Dr. Ayaact Agarwal, Dr. R. Pancholi, Dr. Hemant Jain, Dr. Sunil Kumar Rao, Dr. Priyanka Bansal, Dr. Manish Singh, Dr. Kedar Sawleshwarkar, Dr. Jalaj Bajaj, Dr. Deepshikha, Dr. Jai Prakash Nagore, Dr. B.L. Rawat, Dr. Mukesh Vema, Dr. Vandana, Dr. Poorna Gohiya, Dr. Amit Agrawal, Dr. Yogendra Chaturvedi, Dr. Yashwant Kumar Rao, Dr. S.N. Singh, Dr. N.C. Prajapati, Dr. Amit Upadhyay, Dr. Sripama Basu, Dr. S.M. Ali, Dr. Mala Kumar, Dr. Ashok Kumar, Dr. B.D. Bhatia, Dr. Ravi Sachan, Dr. Himabindu Singh, Dr. U.S. Jagdish Chandra, Dr. Jagannamohan Rao, Dr. Manoj Malviya, Dr. B. Manohar, Dr. Srinivas Murki, Dr. Satish Ganta, Dr. Piyush K Chandel, Dr. Ritesh Agrawal, Dr. Saurabh Patel, Dr. Aij Kumar, Dr. Smita Agrawal Malik, Dr. Ashwani Kumar Sood, Dr. Venkat Kallem, Dr. Mustafa Bohra, Dr. Anshu Lamba

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### List of Accredited Hospitals (Govt Sectors)

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### List of Accredited Center (Private Sector)

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NNF Doctor's Fellowship Candidate's Registration List

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NNF MEMBERSHIP STRENGTH

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</table>

Total 6793
Dear Colleagues,

With great pleasure, we wish to share with you that XXXVII Annual Convention of National Neonatology Forum (NEOCON 2017) during December 8-10, 2017 at Gurgaon, Haryana, India.

This conference is being hosted by National Neonatology Forum (NNF), India. We are expecting an attendance of over 1500 delegates (1,200 Local + 300 international) at the conference.

Here in India remarkable progress has been made in recent decades to reduce the number of child deaths worldwide, but neonatal mortality rate has declined at a slower pace. A large proportion of newborn deaths are preventable. In order to reduce child mortality intensified action and guidance are needed to ensure newborn survival, as 56% of under-5 deaths are neonatal deaths.

India contributes 16% of global maternal death, 21% of under-5 deaths and newborn mortality rate proportion increases to 27%. India has witnessed a significant reduction in the number of neonatal deaths from 1.35 million in 1990, to around 0.76 million in 2012 which shows the 44% reduction. The major causes of the neonatal deaths in India is Preterm which shares 35%, Birth asphyxia 20%, Sepsis 15%, Pneumonia 16%, Malformations & Diarrhea.

A major initiative was launched in the past: National Rural Health Mission (NRHM) & National Urban Health Mission (NUHM), which focused on public investment in strengthening health systems in India which now have been introduced as National Health Mission (NHM).

In India there are unprecedented opportunities, as much more is known about effective interventions, service delivery channels and approaches to accelerate coverage and quality of care.

We would like to be associated with the different professional bodies and build our partnership to move forward in child care & health.

We would like to invite you to join us at Gurgaon, Haryana from December 8-11, share your experience during the conference and make the NEOCON 2017 a grand success.

You are requested to visit www.neocon2017.org for more information.

Dr. B.D. Bhatia  
President, NNF

Dr. Alok Bhandari  
Secretary, NNF

Dr. Lalan K. Bharti  
Jt. Secy. cum Treasurer, NNF
Welcome to Gurugram,
The Millennium City, Gurugram, is the district in the Indian state of Haryana. Gurugram, is the industrial and financial center of Haryana and is one of Delhi’s four major satellite cities and is part of the National Capital Region of India. In the past few years Gurugram has blossomed as the nucleus of IT and other new-age businesses. And now it is the center of almost all the known enterprises and MNC’s (Multi National Companies) in India.

There are a zillion places to visit in Gurugram, with every age group enjoying a sizeable portion of their interests across this city. For instance, when out with family, Kingdom of Dreams is the prefect spot. If a retail therapy is what is the need of the hour, then the colossal Ambience Mall does the needful to satiety.

There are over 40 malls in Gurgaon city. With a growing working population and increasing disposable income, Gurgaon has seen rapid growth in the restaurant industry. For kid’s entertainment, they opened one of the coolest places to visit in Gurgaon, the Heritage Transport Museum can be the ideal pick. The list simply does not end. Gurgaon is not just limited to swanky shopping malls, and eccentric entertainment options, but also is home to Delhi NCR’s most sought after food complex, the Cyber Hub, having some of the world’s finest dining brands under one umbrella.

Even though chiefly an commercial city, yet Gurgaon is home to quite a few interesting tourist attractions. The Sultanpur Bird Sanctuary, is wonderful place for passionate bird lovers. Some other tourist places are Damdama Lake, Sheetala Devi Temple, Sohna, Kingdom of Dreamsetc.
REGISTRATION FORM

(Please write in Block Letters)

Receipt Number: ................................ (For Office use only)

Title:  □ Dr. □ Prof. □ Mr. □ Mrs. □ Ms. (Please tick as appropriate)

Registration Category: □ NNF Member □ Non Member (Please tick as appropriate)

NNF Membership Number: .................................................. Date of birth: ............. / ........... / ............. Age- ( )

Registration Type : □ Regular □ PG Student □ Nurses □ Sr. Citizen (Please tick as appropriate)

First Name: ___________________________________________ Late Name: ___________________________________

Address: __________________________________________________________________________________________________

City: ____________________________ State: ____________________________ Pin Code: ________________

Country: _________________ Phone: (with STD CODE) ____________________ Mobile (Mandatory): __________________

Email (Mandatory): ____________________________________________

Accompanying Person Details: (Please Tick as appropriate)

Title: Full Name ____________________________________________ Age___________ M □ F □

Title: Full Name ____________________________________________ Age___________ M □ F □

Title: Full Name ____________________________________________ Age___________ M □ F □

Choice of Food: □ Vegetarian □ Non Vegetarian □ Jain

Workshop Details: 1st Code Preference ______________________ 2nd Code Preference ______________________

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<td>A</td>
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<td>Neurodevelopmental Assessment and Management</td>
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<tr>
<td>B</td>
<td>Basic Ventilation</td>
<td>G</td>
<td>Therapeutic Hypothermia and EEG Workshop</td>
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<td>C</td>
<td>Non Invasive Ventilation</td>
<td>H</td>
<td>Parenteral Nutrition</td>
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<td>D</td>
<td>Point of Care Ultrasound</td>
<td>I</td>
<td>Setting up the NICU</td>
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<tr>
<td>E</td>
<td>Functional Echocardiography</td>
<td>J</td>
<td>Simulation workshop *Other workshops to be announced shortly.</td>
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* Please give your 2 workshop preference mentioning workshop codes on registration form.

* PG Students should submit the bona fide certificate from Head of the Department/Institution along with Registration form.

* Senior citizens need to submit their age proof.

Amount Paid for Conference: ____________________ Acccompanying person: ____________________ Workshop: ____________________

Total Paid ____________________ Amount in Word: ______________________________________________________________________________________

Mode of Payment: Cash / Card/ DD/ Cheque (Please tick as appropriate)

DD/ Cheque/ Bank Transfer RTGS/ NEFTTransaction No.: _______________________________________________________________________________

(DD/ Cheque should be in favour of “NEOCON 2017”, payable at “Gurgaon”)

Bank Details:

Account Name : NEOCON 2017 Account Number : 309002850287
Address : RBL Bank, Unit No 7 & 14, Ground Floor, Block A, ABW Tower Iffco Chowk, Gurgaon - 122001
IFSC/RTGS Code : RATN0000116

Date : ____________________ Signature: ____________________

Conference Secretariat / Registered Office:-
Dr Ramesh Goyal - Organizing Secretary NEOCON-2017 - 888 - Saraswati Vihar, M.G. Road, Gurgaon, Haryana-122002
Mobile: +91 9810146249 Email: neocon2017gurgaon@gmail.com Website: www.neocon2017.com
SIG NEC 2017

INTERNATIONAL CONFERENCE OF THE SPECIAL INTEREST GROUP FOR NEC (SIG NEC)

Will be held on
16th & 17th October, 2017, London
For registration : www.SIG NEC 2017.grg.com

Please share among your colleagues and encourage trainees to attend and submit posters. Best 2 posters will get 1 free conference pass each.

MINESH KHASHU
NNF MONTHLY CLINICAL MEETINGS CONDUCTED DURING
March & April, 2017 At Fortis Hospital, Shalimar Bagh & Swami Dayanand Hospital, Dilshad Garden Respectively
NNF MEMORABLE EVENTS

Dr Ajay Gambhir with Amitabh Bachchan, Pariniti Chopra & Cyrus Barucha on the NDTV 12-Hour Banega Swachh India Cleanathon Program