

Feeding Practices in Infants of Bhil Tribe in Jhabua District of Madhya Pradesh

Jhabua District is located in the Western Part of Madhya Pradesh and 86% of the population comprises Bhils. The District has ICDS in all the blocks. It also has the dubious distinction of having the lowest female literacy rate (9%) in the State. We evaluated the infant feeding practices in 10% households of 5% villages of each Tehsil of Jhabua District by multistage random sampling. Thus 430 households of 67 villages across Jhabua which had at least one child in 0-6 years age group participated in the study. Information on breastfeeding and supplementary feeding were obtained from the mother through an Interview Schedule. Only 18.3% mothers said they breastfed their child immediately after birth. Nearly 21% mothers said they started breastfeeding their child on the 3rd day after delivery. In between, either they did not give anything to the child or gave a mixture of 'gud and water' or honey to the newborn child. Thus 45.8% mothers started

breastfeeding their child by the third day, but 54.2% mothers responded that they started breastfeeding their child only on the fourth day. Majority (77.3%) of mothers said they did not give colostrum to the newborn baby. Mothers gave several reasons for not giving colostrum to newborns; prominent among them were the beliefs that colostrum is not good for the baby and it is not easily digestible.

Only 0.9% mothers started weaning foods for their babies between the ages of 4 to 6 months, 17.6% mothers started between 7-8 months, 36.9% mothers started between 9 to 12 months and 39.5% mothers started weaning foods only after the child was one year of age. The study highlights the inept infant feeding practices in this tribe and the urgent need for an intensive Nutrition Education Programme in this context.

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Transcutaneous Bilirubinometry in Neonates

The recent study by Harish and Sharma(1) is yet further confirmation of what is already well established that transcutaneous bilirubin index (TcBI), as measured by Minolta Air Shields Jaundicemeter, has significant correlation with the serum bilirubin and that transcu-

taneous bilirubinometry (TcBM) is a safe, simple, objective, reproducible and reliable non-invasive modality in the management of jaundiced newborn babies. Infact TcBI may ultimately prove to be a better predictor of brain damage because the major concern regarding bilirubin toxicity is the amount of bilirubin present in the tissues rather than in the blood(2). The yellow tanning of the skin is due to several factors like natural color of the skin, bilirubin-albumin

complex located outside vascular space and precipitated bilirubin acid in the phospholipid membranes

However, the authors have made two other important observations (i) A linear correlation between TcBI and serum bilirubin is maintained even after the newborn infants have been placed under phototherapy, and (ii) No need to make an "unexposed window" on the forehead during phototherapy because half of the forehead of the babies already remains covered as a part of protecting eyes. Recently Kumar *et al* (3) have reported good linear correlation between serum bilirubin and TcBI, taken at the forehead, in babies who were treated by phototherapy although post-phototherapy TcBI values were different from pre-phototherapy values at the same serum bilirubin level. Further there was no significant difference ($p > 0.05$) between post-phototherapy TcBI estimated at the covered and uncovered areas of the forehead. TcBM is not widely practised in our country although it has obvious advantages of being non-invasive and can be effectively used at the primary health care level. If a nomogram for TcBI at different

levels of serum bilirubin, both before and after phototherapy, can be prepared, the TcBI may partially replace the conventional method of serum bilirubin estimation in the newborn infants and TcBM can be effectively used in the management of neonatal hyperbilirubemia both before and during phototherapy.

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BCG Vaccination in BCG Scar Negative Children

The recent article on this subject(1) revealed that scar failure after BCG vaccination was more common with immunization within 48 hours of life. They simultaneously observed negative *in vitro* LMI tests in an equal number of BCG scar positive and negative children. These facts point towards non utility of BCG scar

predict success of immunization, though presence of BCG scar confirms its administration. In BCG scar negative children even tuberculin testing is of no value to confirm BCG vaccination because tuberculin skin reactivity wanes with time and is unlikely to persist beyond 10 years after vaccination, and also the fact that positive Mantoux test reflects tuberculous infection irrespective of BCG vaccination(2).

Thus keeping the record of BCG vaccination is as important as it is for other