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Reply

The children with viral hepatitis were detected by the presence of fever, anorexia, nausea, vomiting, high colored urine and hepatomegaly. Two of them had normal bilirubin levels and in six of them transaminase values were normal. But they were not the same patients. Anicteric hepatitis is a well known entity in viral hepatitis B(1).

Perinatal acquisition of HBV from mother to baby occurs mainly at birth. But 2.5% of babies born to affected mothers get intra-uterine infection(2). Transplacental transfer of HBV occurs mainly during third trimester(3) and less commonly before that(4). But only 70-90% babies develop carrier state due to immunological tolerance. The etiological role of HBV in neonatal hepatitis progressing to cholestasis is well established. The youngest baby in the study group, though presented to us at 8/12 age, had jaundice from 2nd day of life onwards. At the time of admission, her parents were HBs Ag negative which does not mean that they would have been HBsAg negative

previously also. All infective and metabolic causes of neonatal hepatitis were ruled out in this baby by appropriate investigations. She had progressive derangement in liver functions and HBsAg was repeatedly positive upto the age of 17 months. The most appropriate diagnosis for this baby is neonatal hepatitis due to HBV.

The term sero conversion indicates conversion of HBeAg to anti HBe status and HBsAg to anti HBs status(5). In the reference quoted by the authors(6), it is not written that sero conversion means specifically conversion of HBeAg to anti HBe status.

In this study group of children with mean age 6 years and 2 months, carrier rate is 15.5%(7) and not one in 45. As stated by the authors, in the age group 5 to 9 years, carrier rate is 20% but not in Indian children. The main factor influencing the evolution of HBV infection is genetic predisposition of the individual(6). The difference of 4.5% carrier rate has to be explained on the basis of genetic difference between the study groups.

The authors write that latex slide test has a low sensitivity (45%) but high specificity (upto 100%). When sensitivity is low and specificity is high, there is less chance of false positive cases. We can expect an increase in false negative cases only(8). If the positive predictive value is low, then naturally we can expect a higher number of false positive cases, but that value is not mentioned by the authors.

The antibodies against HBsAg may become undetectable in patients who have recovered fully from infection(6). Hence, 24% anti HBs conversion does not mean false positivity in the study group selected. The children with Wilson's Disease were previously diagnosed cases with liver derangement and were on irregular treatment. Superadded HBV infection would have precipitated acute liver failure. The follow up criteria and period of follow up are

clearly written in the last paragraph under subjects and methods(7).

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The Attitude of Nurses Towards Breastfeeding - A Cross-sectional Survey

The areas of greatest resistance to promote breastfeeding is from health professionals and this should take precedence over public awareness programs(1). It is still a challenge for pediatricians to achieve the goal of exclusive breastfeeding by enabling health workers to acquire the necessary knowledge and skills to help mothers to successfully breastfeed their babies(2).

In this study, 322 nurses were interviewed about their knowledge and attitudes towards breastfeeding. The sample comprised of student nurses (25.7%), private hospital nurses (30.12%), government dispensary nurses

(8.03%), government hospital nurses (12.7%) and nurses of government peripheral health centers (23.29%).

On analysis, the following salient observations emerged. Only 50% of the nurses felt that breastfeeding should be initiated soon after birth. The importance of colostrum was known to 82.6% of the nurses, as has been noted in previous studies also(3,4). Only a small percentage (26%) of the nurses felt that rooming in of the baby with the mother was a beneficial practice. As regards the problems associated with breastfeeding, 76% of the nurses interviewed felt that mothers should stop breastfeeding on developing a nipple crack or fissure. The concept of demand feeding was known to only half the interviewed nurses. The article brings about another observation of breastfeeding. 23.2% of the nurses felt that breastfeeding should be stopped during diarrhea.