

stores and with a poor nutritional intake, babies born to these mothers have a very poor chance of survival. Breastfed infants whose mothers have thiamine deficiency develop an infantile form of beriberi [4]. Providing iron and calcium tablets to mothers does not help, if the mother is thiamine-deficient [5].

Since supplementation for pregnant women in India is only oral calcium, iron and folic acid, it would be prudent to additionally provide vitamin B1, B6 and B12. This would go a long way in saving the lives of infant born to thiamine-deficient mothers without additional infrastructure and manpower inputs.

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## All is not well

It was the day of festival of lights. But an unfortunate toddler was stuck in darkness in the depths of an unclosed abandoned borewell near his home at Nadukattupatti in Trichy district of Tamil Nadu. Public, media, politicians, fire personnel and all the paraphernalia were around. But the child's life could not be saved. Even before this tragedy ended, another toddler from Tuticorin drowned in a water filled barrel at home. Paradoxically, her parents were watching the live coverage of the rescue operations of the borewell boy. Chennai was not far behind. A cracker burst incidence lead to loss of vision in a child who was a bystander. These examples are just tip of the iceberg and there could be several other unaccounted stray incidents in the community. Is the concept of prevention restricted only to textbooks of preventive medicine?

The major thrust area in child health is infections and non-communicable diseases; however, accidents in and around the home environment silently add to the under-five mortality. Water scarcity is an important basic problem giving rise to more borewells and water barrels. The above accidents were preventable. The abandoned borewell and water barrel should have been covered. The parents should have watched the toddler and not the television. Eyes should have been covered with goggles when bursting crackers.

Anticipatory guidance should be given by the

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healthcare provider to assist parents or guardians to prevent accidents during expected growth and development of their children. It is specific to the age of the child, and includes information about the benefits of healthy lifestyles and practices towards injury and disease prevention. Common examples include reminding about foreign body aspiration when pincer grasp develops; keeping kerosene, button batteries and pills away from the reach of toddlers; using appropriate footwear and bicycle helmets and decreasing screen time and avoiding junk food for school children and adolescents. Engineering at home, school and roads should focus on child safety. A multi-pronged approach using legislation, safety technology, improving the built-environment, anticipatory guidance by healthcare providers, and education of caregivers is necessary to decrease and prevent injuries in the twenty-first century [1,2]. The government and society should wake up and ensure that all is well with all children.

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