increasing the RDI for vitamin D is not the solution but ensuring adequate exposure to sunlight is. Therefore, the ICMR Committee agreed outdoor physical activity as a mean to achieve adequate vitamin D. This is reflected in their recommendations and they make no specific suggestions for vitamin D intakes in different groups [3]. However, under situations of minimal sunlight exposure, a specific recommendation of a daily supplement of 400 IU (10 µg) has been suggested.

In references quoted by authors of this correspondence around 95% subjects were vitamin D deficient; hence, doses to prevent vitamin D deficiency would be insufficient. However, other Indian studies have shown a good response to 600 IU vitamin D supplementation per day with little difference between 600 and 1000 IU doses [4,5].

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**Transcutaneous Bilirubin Measurement in Preterm Neonates Receiving Phototherapy**

Pendse, *et al.* [1] published their unique study on transcutaneous bilirubin measurement in preterm neonates in a recent issue of *Indian Pediatrics*. I would like to draw authors’ attention on certain issues.

Authors state that preterm neonates >28 weeks and <37 weeks of gestation having clinically detectable jaundice were included in study. Jaundice first becomes evident on face and progresses in a cephalocaudal direction to involve chest, lower abdomen/ thigh and soles/ palms [2]. Clinically detectable jaundice up to what level was defined for inclusion in the study? Recently, visual inspection of jaundice as being reliable indicator is increasingly debated [3-5].

Authors also acknowledge that no additional blood investigations except for total serum bilirubin before starting phototherapy (PT) and at 12 hours of PT were done for the purpose of study. Exclusion criteria mentioned in the study include conjugated hyperbilirubinemia, evidence of hemolysis or poor perfusion [1]. How preterm babies having conjugated hyperbilirubinemia or evidence of hemolysis were decided clinically? Babies of mothers who are Rh-negative should ideally had a blood type, Rh and Coombs test done at birth as some unsensitized Rh-negative mothers would have needed Anti-D immunoglobulin within 72 hours after delivery.

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We thank the readers for highlighting few important points related to our study on comparison of transcutaneous bilirubin measurement with total serum bilirubin levels in preterm neonates receiving phototherapy [1]. We completely agree that visual inspection of jaundice in preterm infants is fraught with problems, and may be unreliable. But in developing countries with plenty of preterm neonates in the NICUs, it can serve as a valid screening tool and help triage the neonates which need to be tested for jaundice earlier in comparison to others. We screened eligible neonates for jaundice and tested them if their visual assessment as per Kramer’s scale [2] was above the cut-off for that particular gestation [3]. In addition, we used a stool colour chart [4], to exclude conjugated jaundice. We did not perform additional investigations for the purpose of the study, but in circumstances like Rh-negative mother, we definitely performed the required investigations as per our unit policy.

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REFERENCES