

3. Mahajan L, Malhotra HS, Garg RK, et al. Predictors of lesion calcification in patients with solitary cysticercus granuloma and new-onset seizures. *Am J Trop Med Hyg.* 2016;95:623.

4. Singhi P, Suthar R, Deo B, et al. Long-term clinical and radiologic outcome in 500 children with parenchymal neurocysticercosis. *Pediatric Infect Dis J.* 2017;36:549-55.

LATCH Score: Bridging the Gap in the Observational Study

We read with interest the study on LATCH score in the recent issue of the journal [1]. We wish to raise a few issues related to this study.

The paper fails to define clearly the target population under study. They could have included the geographical and socioeconomic description of population under study.

Follow-up may have been ensured in the study as many neonate-mother dyads encounter various problems regarding breastfeeding later on in the infancy. A six months follow-up regarding adherence to exclusive breastfeeding may have led to a better assessment of the impact of breastfeeding training imparted to the mothers.

Many neonatal conditions which could have interfered with breastfeeding and hence, outcome of the study, like cleft lip/palate, facial nerve palsy, low birth weight, traumatic delivery, nose block, choanal atresia and other congenital malformations could have been excluded from the study population.

Separate research staff could have been used as trainers of breastfeeding and observers of final outcome. Blinding of final outcome observer could have been done for eliminating the observer bias.

AASHUTOSH SHARMA,*

GIRIDHARAN GOPALSAMY RAMASWAMY

Department of Pediatrics,

Rajendra Prasad Government Medical College,

Kangra, Tanda, Himachal Pradesh.

**draashutoshsharma@gmail.com*

REFERENCE

1. Rapheal SM, Rajaiah B, Karupanan R, et al. LATCH score

for identification and correction of breastfeeding problems - a prospective observational study. *Indian Pediatr.* 2023; 60: 37-40.

AUTHORS' REPLY

We thank the authors for their interest in our work [1]. All the neonates who did not require neonatal intensive care unit (NICU) admission were included in the study. We agree that geographical and socioeconomic factors are more likely to influence breast feeding after discharge in the home setting, but our study was focussed on early breast feeding problems in the immediate postnatal period. Thus, follow-up of mother-infant dyads was not in the scope of the study; though, it would have definitely added more information on the long-term effects of training in the immediate postnatal period. All neonates weighing less than 2.2 kg were excluded from the study, which is the admission criteria for our nursery, and none of the included neonates had congenital abnormalities, which interfere with breast feeding. Having two different groups of nurses with one set of nurses providing training to mothers and the other set of nurses making LATCH assessment would have eliminated the observer bias. However, due to the availability of a small pool of nurses, it was not possible to utilize this strategy.

BALAKRISHNAN RAJAIAH*, T ABIRAMALATHA, S RAMAKRISHNAN

*Neonatal Intensive Care Unit,
Kovai Medical Center and Hospital,
Coimbatore, Tamil Nadu.*

**drbalakrishnan1@yahoo.co.in.*

REFERENCE

1. Rapheal SM, Rajaiah B, Karupanan R, et al. LATCH score for identification and correction of breastfeeding problems - a prospective observational study. *Indian Pediatr.* 2023;60: 37-40.